

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
 - Other
Product Name: 2436 - DC ACA Small Group BlueChoice
Project Name/Number: 2436 - DC BC SG ACA ON-EXCHANGE/2436

Filing at a Glance

Company: CareFirst BlueChoice, Inc.
Product Name: 2436 - DC ACA Small Group BlueChoice
State: District of Columbia
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004E Small Group Only - Other
Filing Type: Rate
Date Submitted: 05/01/2020
SERFF Tr Num: CFAP-132316088
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: 2436

Implementation 01/01/2021
Date Requested:
Author(s): Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Britney Tyler, Hassan Zaheer,
 Nicholas Pham, Gregory Sucher

Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

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General Information

Project Name: 2436 - DC BC SG ACA ON-EXCHANGE	Status of Filing in Domicile:
Project Number: 2436	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact: 1.1%
Filing Status Changed: 05/01/2020	
State Status Changed:	Deemer Date:
Created By: Shane Kontir	Submitted By: Shane Kontir
Corresponding Filing Tracking Number:	

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst BlueChoice, Inc. to Small Groups on the D.C. Exchange. We are submitting 47 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Shane Kontir, Senior Actuarial Analyst	shane.kontir@carefirst.com
10455 Mill Run Circle	410-998-4440 [Phone]
Owings Mills, MD 21117	410-998-7704 [FAX]

Filing Company Information

CareFirst BlueChoice, Inc.	CoCode: 96202	State of Domicile: District of
840 First Street NE	Group Code:	Columbia
Washington, DC 20065	Group Name:	Company Type: Health
(410) 581-3000 ext. [Phone]	FEIN Number: 52-1358219	Maintenance Organization
		State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

CFAP-132316088

State Tracking #:

Company Tracking #:

2436

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 12.800%
Effective Date of Last Rate Revision: 01/01/2020
Filing Method of Last Filing: SERFF
SERFF Tracking Number of Last Filing: CFAP-131941447

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	1.100%	1.100%	\$2,643,635	24,873	\$243,876,983	11.200%	-2.000%

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Rate Review Detail

COMPANY:

Company Name: CareFirst BlueChoice, Inc.
 HHS Issuer Id: 86052

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice Advantage	86052DC044		18225
BlueChoice HMO	86052DC046		8646
BlueChoice HMO Referral	86052DC048		3767
HealthyBlue Plus	86052DC050		6590
HealthyBlue Plus Opt Out	86052DC058		3339

Trend Factors:

FORMS:

New Policy Forms:

DC/CF/SG/BC ADV OON BF HSA/SIL 1500 (1/21), DC/CF/SG/POS OON CDH/BRZ 6100 (1/21), DC/CF/SG/POS OON CDH/GOLD 1500 (1/21), DC/CF/SG/POS OON CDH/GOLD 1500 90 (1/21), DC/CF/SG/POS OON CDH/SIL 1500 (1/21), DC/CF/SG/POS OON CDH/SIL 2000 (1/21), DC/CF/SG/POS OON CDH/SIL 2100 70 (1/21), DC/CF/SG/POS OON CDH/SIL 2500 (1/21), DC/CF/SG/POS OON CDH/SIL 3000 (1/21), DC/CF/SG/POS OON CDH/SIL 3000 70 (1/21), DC/CF/SG/POS OON/GOLD 1000 (1/21), DC/CF/SG/POS OON/GOLD 3000 (1/21), DC/CF/SG/POS OON/GOLD 500 (1/21), DC/CF/SG/POS OON/PLAT 0 (1/21), DC/CF/SG/POS OON/PLAT 500 (1/21), DC/CF/SG/POS OON/SIL 4000 (1/21), DC/CF/SG/POS OON/SIL 5000 (1/21), DC/CF/SG/POS OON/V BRZ 6000 (1/21), DC/CF/SHOP/POS OON/2021 AMEND (1/21), DC/CFBC/SG/BC ADV IN BF HSA/SIL 1500 (1/21), DC/CFBC/SG/BC+ OO/PLAT 0 (1/21), DC/CFBC/SG/HMO OA CDH/BRZ 6100 (1/21), DC/CFBC/SG/HMO OA CDH/BRZ 6500 90 (1/21), DC/CFBC/SG/HMO OA CDH/GOLD 1500 (1/21), DC/CFBC/SG/HMO OA CDH/GOLD 1500 90 (1/21), DC/CFBC/SG/HMO OA CDH/SIL 1500 (1/21), DC/CFBC/SG/HMO OA CDH/SIL 2000 (1/21), DC/CFBC/SG/HMO OA CDH/SIL 2100 70 (1/21), DC/CFBC/SG/HMO OA CDH/SIL 3000 (1/21), DC/CFBC/SG/HMO OA CDH/SIL 3000 70 (1/21), DC/CFBC/SG/HMO OA/GOLD 1500 (1/21), DC/CFBC/SG/HMO OA/GOLD 3000 (1/21), DC/CFBC/SG/HMO OA/GOLD 500 (1/21), DC/CFBC/SG/HMO OA/PLAT 0 (1/21), DC/CFBC/SG/HMO OA/SIL 1500 (1/21), DC/CFBC/SG/HMO OA/SIL 5000 (1/21), DC/CFBC/SG/HMO REF/BRZ 8150 (1/21), DC/CFBC/SG/HMO REF/GOLD 0 (1/21), DC/CFBC/SG/HMO REF/GOLD 500 (1/21), DC/CFBC/SG/HMO REF/PLAT 0 (1/21), DC/CFBC/SG/HMO REF/SIL 4000 (1/21), DC/CFBC/SG/HMO/V BRZ 6000 (1/21), DC/CFBC/SG/INCENT (R. 1/21), DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/21), DC/CFBC/SG/POS IN CDH/GOLD 1500 (1/21), DC/CFBC/SG/POS IN CDH/GOLD 1500 90 (1/21), DC/CFBC/SG/POS IN CDH/SIL 1500 (1/21), DC/CFBC/SG/POS IN CDH/SIL 2000 (1/21), DC/CFBC/SG/POS IN CDH/SIL 2100 70 (1/21), DC/CFBC/SG/POS IN CDH/SIL 2500 (1/21), DC/CFBC/SG/POS IN CDH/SIL 3000 (1/21), DC/CFBC/SG/POS IN

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CDH/SIL 3000 70 (1/21), DC/CFBC/SG/POS IN/GOLD 1000 (1/21), DC/CFBC/SG/POS IN/GOLD 3000 (1/21), DC/CFBC/SG/POS IN/GOLD 500 (1/21), DC/CFBC/SG/POS IN/PLAT 0 (1/21), DC/CFBC/SG/POS IN/PLAT 500 (1/21), DC/CFBC/SG/POS IN/SIL 4000 (1/21), DC/CFBC/SG/POS IN/SIL 5000 (1/21), DC/CFBC/SG/POS IN/V BRZ 6000 (1/21), DC/CFBC/SHOP/2021 AMEND (1/21), DC/CFBC/SG/POS IN/GOLD 0 (1/21), DC/CF/SG/POS OON/GOLD 0 (1/21)

Affected Forms:

Other Affected Forms: DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PT PROTECT (9/10), DC/CF/SG/AUTH AMEND/POS OON (1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/GC (R 1/19), DC/CF/SHOP/POS OON/DOCS (R. 1/20), DC/CF/SHOP/POS OON/EOC (R. 1/20), DC/CFBC/ADV/BLCRD (R. 6/18), DC/CFBC/ADV/MEM/BLCRD (R. 6/18), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/BLCRD (R. 6/18), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SG/AUTH AMEND/ADV (1/20), DC/CFBC/SG/AUTH AMEND/BCOO (1/20), DC/CFBC/SG/AUTH AMEND/HMO (1/20), DC/CFBC/SG/AUTH AMEND/PLUS (1/20), DC/CFBC/SHOP/ADV IN DOCS (R. 1/20), DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/20), DC/CFBC/SHOP/ELIG (R. 1/20), DC/CFBC/SHOP/GC (R 1/19), DC/CFBC/SHOP/GC (R. 1/19), DC/CFBC/SHOP/HMO DOCS (R. 1/20), DC/CFBC/SHOP/HMO POS/EOC (R. 1/20), DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/HEALTH GUARANTEE 8/19

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 494,463
 Benefit Change: Increase
 Percent Change Requested: Min: -2.0 Max: 11.2 Avg: 1.1

PRIOR RATE:

Total Earned Premium: 243,876,983.00
 Total Incurred Claims: 185,326,489.00
 Annual \$: Min: 244.26 Max: 628.32 Avg: 482.89

REQUESTED RATE:

Projected Earned Premium: 256,358,246.00
 Projected Incurred Claims: 198,621,655.00
 Annual \$: Min: 251.19 Max: 631.55 Avg: 488.93

SERFF Tracking #:

CFAP-132316088

State Tracking #:

Company Tracking #:

2436

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

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Project Name/Number:

2436 - DC BC SG ACA ON-EXCHANGE/2436

Rate/Rule Schedule

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
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Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2436 - DC BlueChoice - SG - Rate Sheets	DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PT PROTECT (9/10), DC/CF/SG/AUTH AMEND/POS OON (1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/GC (R. 1/19), DC/CF/SHOP/POS OON/DOCS (R. 1/20), DC/CF/SHOP/POS OON/EOC (R. 1/20), DC/CFBC/ADV/BLCRD (R. 6/18), DC/CFBC/ADV/MEM/BLCRD (R. 6/18), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/BLCRD (R. 6/18), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SG/AUTH AMEND/ADV (1/20), DC/CFBC/SG/AUTH AMEND/BCOO (1/20), DC/CFBC/SG/AUTH AMEND/HMO (1/20), DC/CFBC/SG/AUTH AMEND/PLUS (1/20), DC/CFBC/SHOP/ADV IN DOCS (R. 1/20), DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/20), DC/CFBC/SHOP/ELIG (R. 1/20), DC/CFBC/SHOP/GC (R. 1/19), DC/CFBC/SHOP/GC (R. 1/19), DC/CFBC/SHOP/HMO DOCS (R. 1/20), DC/CFBC/SHOP/HMO POS/EOC (R. 1/20),	Revised	Previous State Filing Number: CFAP-131941447 Percent Rate Change Request: 1.1	2436 - DC BlueChoice - SG - Rate Sheets.pdf,

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		DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/HEALTH GUARANTEE 8/19, DC/CF/SG/BC ADV OON BF HSA/SIL 1500 (1/21), DC/CF/SG/POS OON CDH/BRZ 6100 (1/21), DC/CF/SG/POS OON CDH/GOLD 1500 (1/21), DC/CF/SG/POS OON CDH/GOLD 1500 90 (1/21), DC/CF/SG/POS OON CDH/SIL 1500 (1/21), DC/CF/SG/POS OON CDH/SIL 2000 (1/21), DC/CF/SG/POS OON CDH/SIL 2100 70 (1/21), DC/CF/SG/POS OON CDH/SIL 2500 (1/21), DC/CF/SG/POS OON CDH/SIL 3000 (1/21), DC/CF/SG/POS OON CDH/SIL 3000 70 (1/21), DC/CF/SG/POS OON/GOLD 1000 (1/21), DC/CF/SG/POS OON/GOLD 3000 (1/21), DC/CF/SG/POS OON/GOLD 500 (1/21), DC/CF/SG/POS OON/PLAT 0 (1/21), DC/CF/SG/POS OON/PLAT 500 (1/21), DC/CF/SG/POS OON/SIL 4000 (1/21), DC/CF/SG/POS OON/SIL 5000 (1/21), DC/CF/SG/POS OON/V BRZ 6000 (1/21), DC/CF/SHOP/POS OON/2021 AMEND (1/21), DC/CFBC/SG/BC ADV IN BF HSA/SIL 1500 (1/21), DC/CFBC/SG/BC+ OO/PLAT 0 (1/21), DC/CFBC/SG/HMO OA CDH/BRZ 6100 (1/21), DC/CFBC/SG/HMO OA CDH/BRZ 6500 90 (1/21), DC/CFBC/SG/HMO OA		
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			CDH/GOLD 1500 (1/21), DC/CFBC/SG/HMO OA CDH/GOLD 1500 90 (1/21), DC/CFBC/SG/HMO OA CDH/SIL 1500 (1/21), DC/CFBC/SG/HMO OA CDH/SIL 2000 (1/21), DC/CFBC/SG/HMO OA CDH/SIL 2100 70 (1/21), DC/CFBC/SG/HMO OA CDH/SIL 3000 (1/21), DC/CFBC/SG/HMO OA CDH/SIL 3000 70 (1/21), DC/CFBC/SG/HMO OA/GOLD 1500 (1/21), DC/CFBC/SG/HMO OA/GOLD 3000 (1/21), DC/CFBC/SG/HMO OA/GOLD 500 (1/21), DC/CFBC/SG/HMO OA/PLAT 0 (1/21), DC/CFBC/SG/HMO OA/SIL 1500 (1/21), DC/CFBC/SG/HMO OA/SIL 5000 (1/21), DC/CFBC/SG/HMO REF/BRZ 8150 (1/21), DC/CFBC/SG/HMO REF/GOLD 0 (1/21), DC/CFBC/SG/HMO REF/GOLD 500 (1/21), DC/CFBC/SG/HMO REF/PLAT 0 (1/21), DC/CFBC/SG/HMO REF/SIL 4000 (1/21), DC/CFBC/SG/HMO/V BRZ 6000 (1/21), DC/CFBC/SG/INCENT (R. 1/21), DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/21), DC/CFBC/SG/POS IN CDH/GOLD 1500 (1/21), DC/CFBC/SG/POS IN CDH/GOLD 1500 90 (1/21), DC/CFBC/SG/POS IN CDH/SIL 1500 (1/21), DC/CFBC/SG/POS IN CDH/SIL 2000 (1/21), DC/CFBC/SG/POS IN		
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			CDH/SIL 2100 70 (1/21), DC/CFBC/SG/POS IN CDH/SIL 2500 (1/21), DC/CFBC/SG/POS IN CDH/SIL 3000 (1/21), DC/CFBC/SG/POS IN CDH/SIL 3000 70 (1/21), DC/CFBC/SG/POS IN/GOLD 1000 (1/21), DC/CFBC/SG/POS IN/GOLD 3000 (1/21), DC/CFBC/SG/POS IN/GOLD 500 (1/21), DC/CFBC/SG/POS IN/PLAT 0 (1/21), DC/CFBC/SG/POS IN/PLAT 500 (1/21), DC/CFBC/SG/POS IN/SIL 4000 (1/21), DC/CFBC/SG/POS IN/SIL 5000 (1/21), DC/CFBC/SG/POS IN/V BRZ 6000 (1/21), DC/CFBC/SHOP/2021 AMEND (1/21), DC/CFBC/SG/POS IN/GOLD 0 (1/21), DC/CF/SG/POS OON/GOLD 0 (1/21)		
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CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off Exchange Products Rate Filing Effective 1/1/2021
 Premiums Effective 01/2021, 04/2021, 07/2021 and 10/2021

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
								01/2021	04/2021	07/2021	10/2021	04/2021	07/2021	10/2021
86052DC0440010	BlueChoice Advantage	BlueChoice Advantage Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$5,750; OON: \$11,500	\$512.61	\$519.03	\$525.57	\$532.23	1.3%	1.3%	1.3%
86052DC0440011	BlueChoice Advantage	BlueChoice Advantage Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$7,900; OON: \$15,800	\$530.42	\$537.06	\$543.83	\$550.72	1.3%	1.3%	1.3%
86052DC0440012	BlueChoice Advantage	BlueChoice Advantage Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,600; OON: \$3,200	\$631.55	\$639.46	\$647.51	\$655.72	1.3%	1.3%	1.3%
86052DC0440013	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,900; OON: \$9,000	\$430.93	\$436.33	\$441.82	\$447.42	1.3%	1.3%	1.3%
86052DC0440015	BlueChoice Advantage	HealthyBlue Advantage Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$612.51	\$620.18	\$627.99	\$635.95	1.3%	1.3%	1.3%
86052DC0440018	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Bronze 6100	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$250 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,100 (Integrated); OON: \$12,200	IN: \$6,900; OON: \$13,800	\$344.00	\$348.31	\$352.70	\$357.16	1.3%	1.3%	1.3%
86052DC0440019	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$4,750; OON: \$9,000	\$409.24	\$414.37	\$419.59	\$424.90	1.3%	1.3%	1.3%
86052DC0440021	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$3,200; OON: \$6,400	\$498.75	\$505.00	\$511.36	\$517.84	1.3%	1.3%	1.3%
86052DC0440022	BlueChoice Advantage	BlueChoice Advantage Silver 4000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$4,000 Med / \$400 Rx; OON: \$8,000	IN: \$8,150; OON: \$16,300	\$408.64	\$413.76	\$418.97	\$424.28	1.3%	1.3%	1.3%
86052DC0440023	BlueChoice Advantage	BlueChoice Advantage Silver 1500 BlueFund HSA	On	Int: \$15/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,700; OON: \$9,000	\$431.40	\$436.80	\$442.30	\$447.91	1.3%	1.3%	1.3%
86052DC0440025	BlueChoice Advantage	BlueChoice Advantage Silver 5000	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$0 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$5,000 Med / \$450 Rx; OON: \$10,000	IN: \$8,300; OON: \$16,600	\$416.96	\$422.18	\$427.50	\$432.92	1.3%	1.3%	1.3%
86052DC0440026	BlueChoice Advantage	BlueChoice Advantage Gold 3000	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$15 PCP/\$30 Spec/\$150 ER/\$200 IP; OON: \$50 PCP/Spec/\$300 IP	IN: \$3,000 Med / \$250 Rx; OON: \$6,000	IN: \$7,000; OON: \$14,000	\$474.67	\$480.62	\$486.67	\$492.84	1.3%	1.3%	1.3%
86052DC0440027	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/\$100/\$150	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated) ; OON: \$4,000	INN: \$5,750 ; OON: \$9,000	\$424.11	\$429.43	\$434.84	\$440.35	1.3%	1.3%	1.3%
86052DC0440028	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1500 90	On	Int: \$10/\$45/\$65/\$100/\$150	IN: \$10 PCP/\$20 Spec/10% ER/10% IP; OON: \$70 PCP/Spec/30% IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,750; OON: \$13,500	\$485.99	\$492.08	\$498.27	\$504.59	1.3%	1.3%	1.3%
86052DC0440029	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2100 70	On	Int: \$10/\$45/\$65/\$100/\$150	IN: 30%; OON: 50%	IN: \$2,100 (Integrated) ; OON: \$4,200	IN: 6,900; OON: \$13,500	\$415.42	\$420.62	\$425.92	\$431.32	1.3%	1.3%	1.3%
86052DC0440030	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000 70	On	Int: \$10/\$45/\$65/\$100/\$150	IN: \$25 PCP/\$50 Spec/30% ER/30% IP; OON: \$70 PCP/Spec/50% IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: 6,000; OON: \$12,000	\$396.14	\$401.10	\$406.15	\$411.30	1.3%	1.3%	1.3%
86052DC0440031	BlueChoice Advantage	Bluechoice Advantage Value Bronze 6000	On	Int: \$20/\$50/\$70/\$100/\$150	IN: \$40 PCP/\$50 Spec/40% ER/40% IP; OON: \$100 PCP/Spec/60% IP	IN: \$6,000 (Integrated); OON: \$12,000	IN: 8,300; OON: \$16,600	\$346.91	\$351.26	\$355.68	\$360.19	1.3%	1.3%	1.3%
86052DC0440032	BlueChoice Advantage	BlueChoice Advantage Gold 0	On	Int: \$10/\$45/\$65/\$100/\$150	IN: \$30 PCP/\$40 Spec/\$250 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$0 Med / \$0 Rx; OON: \$1,000	IN: \$6,500; OON: \$13,000	\$561.21	\$568.24	\$575.40	\$582.69	1.3%	1.3%	1.3%
86052DC0460009	BlueChoice HMO	BlueChoice HMO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$1,500 Med / \$250 Rx	\$5,100	\$440.60	\$446.12	\$451.75	\$457.47	1.3%	1.3%	1.3%
86052DC0460010	BlueChoice HMO	BlueChoice HMO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$500 Med / \$250 Rx	\$7,900	\$469.07	\$474.94	\$480.93	\$487.02	1.3%	1.3%	1.3%

* Out-of-Network ER is paid as In-Network.

** Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty.

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off Exchange Products Rate Filing Effective 1/1/2021
 Premiums Effective 01/2021, 04/2021, 07/2021 and 10/2021

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
								01/2021	04/2021	07/2021	10/2021	04/2021	07/2021	10/2021
86052DC0460011	BlueChoice HMO	BlueChoice HMO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 Med / \$0 Rx	\$1,600	\$561.57	\$568.61	\$575.77	\$583.07	1.3%	1.3%	1.3%
86052DC0460012	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 1500	On	Int: \$15/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$1,500 (Integrated)	\$6,900	\$376.57	\$381.29	\$386.09	\$390.98	1.3%	1.3%	1.3%
86052DC0460013	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$2,000 (Integrated)	\$5,750	\$369.15	\$373.78	\$378.49	\$383.28	1.3%	1.3%	1.3%
86052DC0460014	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6100	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$6,100 (Integrated)	\$6,900	\$294.55	\$298.24	\$302.00	\$305.83	1.3%	1.3%	1.3%
86052DC0460019	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$3,000 (Integrated)	\$4,750	\$354.13	\$358.57	\$363.09	\$367.69	1.3%	1.3%	1.3%
86052DC0460020	BlueChoice HMO	BlueChoice HMO Silver 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$40 PCP/\$100 Spec/\$400 ER/\$500 IP	\$1,500 Med / \$250 Rx	\$8,150	\$362.59	\$367.13	\$371.76	\$376.47	1.3%	1.3%	1.3%
86052DC0460021	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$1,500 (Integrated)	\$3,200	\$436.21	\$441.68	\$447.24	\$452.91	1.3%	1.3%	1.3%
86052DC0460023	BlueChoice HMO	BlueChoice HMO Silver 5000	On	Int: \$10/\$40/\$70/\$100/\$150	\$0 PCP/\$50 Spec/\$250 ER/\$500 IP	\$5,000 Med / \$450 Rx	\$8,300	\$363.57	\$368.12	\$372.76	\$377.48	1.3%	1.3%	1.3%
86052DC0460024	BlueChoice HMO	BlueChoice HMO Gold 3000	On	Int: \$10/\$40/\$70/\$100/\$150	\$15 PCP/\$30 Spec/\$150 ER/\$200 IP	\$3,000 Med / \$250 Rx	\$7,000	\$416.49	\$421.71	\$427.02	\$432.43	1.3%	1.3%	1.3%
86052DC0460025	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1500 90	On	Int: \$10/\$45/\$65/\$100/\$150	\$10 PCP/\$20 Spec	\$1,500 (Integrated)	\$6,750	\$424.29	\$429.60	\$435.02	\$440.53	1.3%	1.3%	1.3%
86052DC0460026	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6500 90	On	Int: \$10/\$45/\$65/\$100/\$150	10%	\$6,500 (Integrated)	\$6,900	\$297.77	\$301.50	\$305.30	\$309.17	1.3%	1.3%	1.3%
86052DC0460027	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2100 70	On	Int: \$10/\$45/\$65/\$100/\$150	30%	\$2,100 (Integrated)	\$6,900	\$360.09	\$364.60	\$369.20	\$373.87	1.3%	1.3%	1.3%
86052DC0460028	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000 70	On	Int: \$10/\$45/\$65/\$100/\$150	\$25 PCP/\$50 Spec	\$3,000 (Integrated)	\$6,000	\$341.86	\$346.14	\$350.50	\$354.94	1.3%	1.3%	1.3%
86052DC0460029	BlueChoice HMO	BlueChoice HMO Value Bronze 6000	On	Int: \$20/\$50/\$70/\$100/\$150	\$40 PCP/\$50 Spec	\$6,000 (Integrated)	\$8,300	\$297.53	\$301.26	\$305.05	\$308.92	1.3%	1.3%	1.3%
86052DC0480007	BlueChoice HMO Referral	BlueChoice HMO Referral Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 Med / \$0 Rx	\$1,600	\$534.50	\$541.19	\$548.01	\$554.96	1.3%	1.3%	1.3%
86052DC0480008	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$500 Med / \$250 Rx	\$7,900	\$445.15	\$450.73	\$456.41	\$462.19	1.3%	1.3%	1.3%
86052DC0480010	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$0 Med / \$0 Rx	\$6,500	\$473.66	\$479.60	\$485.64	\$491.79	1.3%	1.3%	1.3%
86052DC0480014	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 4000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$4,000 Med / \$400 Rx	\$8,150	\$330.02	\$334.16	\$338.37	\$342.65	1.3%	1.3%	1.3%
86052DC0480015	BlueChoice HMO Referral	BlueChoice HMO Referral Bronze 8150	On	Int: No Charge	0%	\$8,150 (Integrated)	\$8,150 (Integrated)	\$251.19	\$254.34	\$257.54	\$260.80	1.3%	1.3%	1.3%
86052DC0500009	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 1500	On	Int: \$15/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,900; OON: \$9,000	\$379.32	\$384.07	\$388.91	\$393.83	1.3%	1.3%	1.3%
86052DC0500010	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$4,750; OON: \$9,000	\$356.16	\$360.62	\$365.17	\$369.79	1.3%	1.3%	1.3%
86052DC0500012	BlueChoice Plus	HealthyBlue Plus Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$550.27	\$557.17	\$564.19	\$571.33	1.3%	1.3%	1.3%
86052DC0500015	BlueChoice Plus	BlueChoice Plus Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$5,750; OON: \$11,500	\$457.62	\$463.35	\$469.19	\$475.13	1.3%	1.3%	1.3%
86052DC0500016	BlueChoice Plus	BlueChoice Plus Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,900; OON: \$15,800	\$475.63	\$481.59	\$487.66	\$493.84	1.3%	1.3%	1.3%

* Out-of-Network ER is paid as In-Network.

** Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty.

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off Exchange Products Rate Filing Effective 1/1/2021
 Premiums Effective 01/2021, 04/2021, 07/2021 and 10/2021

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
								01/2021	04/2021	07/2021	10/2021	04/2021	07/2021	10/2021
86052DC0500017	BlueChoice Plus	BlueChoice Plus HSA/HRA Bronze 6100	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$250 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,100 (Integrated); OON: \$12,200	IN: \$6,900; OON: \$13,800	\$297.99	\$301.72	\$305.52	\$309.39	1.3%	1.3%	1.3%
86052DC0500018	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$20 PCP/\$40 Spec/\$150 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$2,500 (Integrated); OON: \$5,000	IN: \$6,000; OON: \$12,000	\$367.77	\$372.37	\$377.07	\$381.84	1.3%	1.3%	1.3%
86052DC0580001	BlueChoice Plus	BlueChoice Plus Opt-Out Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,600; OON: \$3,200	\$566.04	\$573.13	\$580.35	\$587.70	1.3%	1.3%	1.3%

* Out-of-Network ER is paid as In-Network.

** Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty.

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: 2436 - DC ACA Small Group BlueChoice
Project Name/Number: 2436 - DC BC SG ACA ON-EXCHANGE/2436

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	Please see actuarial certification in Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2436 - BC SG - DISB rate filing checklist.pdf 2436 - 2021 DC BlueChoice Small Group AV Screenshots.pdf 2436_SmallGroup_DC_BlueChoice_ActuarialMemorandum.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2436 - DC SG 2021 - BlueChoice - Index & Plan Comparison.pdf 2436_SmallGroup_DC_BlueChoice_ActuarialMemorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2436 - 2021 ACA_Cover Letter_SG_DC_BlueChoice.pdf

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: 2436 - DC ACA Small Group BlueChoice
Project Name/Number: 2436 - DC BC SG ACA ON-EXCHANGE/2436

Item Status:	
Status Date:	

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	2436 - DC BC SG (2021) - Dataset.xlsm 2435-2436 - DC BC Trend Analysis.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2436 DC BlueChoice SG URRT SERFF.pdf 2436 DC BlueChoice SG URRT SERFF.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2436 - DC SG - BlueChoice - PartII Rate Justification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	RateE File
Comments:	Will upload when 2019 year end data is available.
Attachment(s):	

SERFF Tracking #:

CFAP-132316088

State Tracking #:

Company Tracking #:

2436

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

2436 - DC ACA Small Group BlueChoice

Project Name/Number:

2436 - DC BC SG ACA ON-EXCHANGE/2436

Item Status:	
Status Date:	

SERFF Tracking #:

CFAP-132316088

State Tracking #:

Company Tracking #:

2436

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

2436 - DC ACA Small Group BlueChoice

Project Name/Number:

2436 - DC BC SG ACA ON-EXCHANGE/2436

Attachment 2436 - DC BC SG (2021) - Dataset.xlsm is not a PDF document and cannot be reproduced here.

Attachment 2435-2436 - DC BC Trend Analysis.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2436 DC BlueChoice SG URRT SERFF.xlsm is not a PDF document and cannot be reproduced here.

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers_SG
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_SG
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers_SG
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adjusted_SG
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2021Q1 over 2020Q1; etc.	Yes	Appendix - Rate Change_SG
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Rate Change_SG
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_SG
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_SG
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary_SG
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Total Experience
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit 8 - Trend
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	No	Not applicable
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Exhibit 7 - Other Adjustments
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	Appendix - Rate Change_SG
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Appendix - Rate Change_SG
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Appendix - Total Experience

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_Combined
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment _SG
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total 	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only.	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Part II included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	No	Not applicable

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the

Gregory Sucher
(Print Name)

Gregory Sucher
(Signature)

Digitally signed by Gregory Sucher
Date: 2020.05.01 11:20:57 -0400'

**CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)**

**Rate Filing # 2436
DC Small Group On/Off Exchange Products
Rate Filing Effective 1/1/2021**

Actuarial Value Calculations

**CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group**

Table of Contents

1	Cover
2	Table of Contents
3	List of DC SG BlueChoice Plans & Actuarial Values
4	Form Numbers

AV Screenshots

5	Platinum - \$0/\$0 Ded, \$1600 OOP, \$10/\$20 - Hospital
6	Platinum - \$0/\$0 Ded, \$1600 OOP, \$10/\$20 - Freestanding
7	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital
8	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
9	Gold - \$0/\$0 Ded, \$6500 OOP, \$30/\$40 - Hospital
10	Gold - \$0/\$0 Ded, \$6500 OOP, \$30/\$40 - Freestanding
11	Gold - Advantage \$0/\$0 Ded, \$6500 OOP, \$30/\$40 - Hospital
12	Gold - Advantage \$0/\$0 Ded, \$6500 OOP, \$30/\$40 - Freestanding
13	Gold - \$500/\$250 Ded, \$7900 OOP, \$15/\$30 - Hospital
14	Gold - \$500/\$250 Ded, \$7900 OOP, \$15/\$30 - Freestanding
15	Gold - \$1000/\$250 Ded, \$5750 OOP, \$15/\$30 - Hospital
16	Gold - \$1000/\$250 Ded, \$5750 OOP, \$15/\$30 - Freestanding
17	Gold - \$1500/\$250 Ded, \$5100 OOP, \$15/\$30 - Hospital
18	Gold - \$1500/\$250 Ded, \$5100 OOP, \$15/\$30 - Freestanding
19	Gold - \$1500 Ded, \$3200 OOP, \$10/\$20 - Hospital
20	Gold - \$1500 Ded, \$3200 OOP, \$10/\$20 - Freestanding
21	Gold - \$3000/\$250 Ded, \$7000 OOP, \$15/\$30 - Hospital
22	Gold - \$3000/\$250 Ded, \$7000 OOP, \$15/\$30 - Freestanding
23	Silver - \$1500/\$250 Ded, \$8150 OOP, \$40/\$100 - Hospital
24	Silver - \$1500/\$250 Ded, \$8150 OOP, \$40/\$100 - Freestanding
25	Silver - \$1500 Ded, \$6900 OOP, \$25/\$50 - Hospital
26	Silver - \$1500 Ded, \$6900 OOP, \$25/\$50 - Freestanding
27	Silver - BlueFund HSA \$1500 Ded, \$6700 OOP, \$25/\$50 - Hospital
28	Silver - BlueFund HSA \$1500 Ded, \$6700 OOP, \$25/\$50 - Freestanding
29	Silver - \$2000 Ded, \$5750 OOP, \$25/\$50 - Hospital
30	Silver - \$2000 Ded, \$5750 OOP, \$25/\$50 - Freestanding
31	Silver - \$2500 Ded, \$6000 OOP, \$20/\$40 - Hospital
32	Silver - \$2500 Ded, \$6000 OOP, \$20/\$40 - Freestanding
33	Silver - \$3000 Ded, \$4750 OOP, \$25/\$50 - Hospital
34	Silver - \$3000 Ded, \$4750 OOP, \$25/\$50 - Freestanding
35	Silver - \$4000/\$400 Ded, \$8150 OOP, \$25/\$50 - Hospital
36	Silver - \$4000/\$400 Ded, \$8150 OOP, \$25/\$50 - Freestanding
37	Silver - \$5000/\$250 Ded, \$8300 OOP, \$0/\$50 - Hospital
38	Silver - \$5000/\$250 Ded, \$8300 OOP, \$0/\$50 - Freestanding
39	Bronze - \$6100 Ded, \$6900 OOP, \$50/\$100 - Hospital
40	Bronze - \$6100 Ded, \$6900 OOP, \$50/\$100 - Freestanding
41	Bronze - \$6000 Ded, \$8300 OOP, \$40/\$50 - Hospital
42	Bronze - \$6000 Ded, \$8300 OOP, \$40/\$50 - Freestanding
43	Bronze - HSA/HRA Bronze \$6500 90
44	Silver - HMO HSA/HRA Silver \$2100 70
45	Silver - HMO HSA/HRA Silver \$3000 70
46	Gold - HMO HSA/HRA Gold \$1500 90
47	Bronze - Referral Bronze \$8150

**CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group**

<u>Plan Name*</u>	<u>Metal Level</u>	<u>Actuarial Value</u>	<u>Page #'s of AV Screenshot**</u>	<u>Unique Plan</u>
BlueChoice HMO Platinum 0	Platinum	91.93%	5, 6	Yes
BlueChoice HMO Gold 500	Gold	81.97%	13, 14	Yes
BlueChoice HMO Silver 1500	Silver	71.65%	23, 24	Yes
BlueChoice HMO Gold 1500	Gold	81.91%	17, 18	Yes
BlueChoice HMO Gold 3000	Gold	79.16%	21, 22	Yes
BlueChoice HMO Silver 5000	Silver	71.98%	37, 38	Yes
BlueChoice HMO HSA/HRA Silver 1500	Silver	71.76%	25, 26	Yes
BlueChoice HMO HSA/HRA Gold 1500	Gold	81.95%	19, 20	Yes
BlueChoice HMO HSA/HRA Silver 2000	Silver	71.93%	29, 30	Yes
BlueChoice Plus HSA/HRA Silver 2500	Silver	71.47%	31, 32	Yes
BlueChoice HMO HSA/HRA Silver 3000	Silver	71.41%	33, 34	Yes
BlueChoice HMO HSA/HRA Bronze 6100	Bronze	64.98%	39, 40	Yes
BlueChoice HMO Referral Platinum 0	Platinum	91.93%	5, 6	Yes
BlueChoice HMO Referral Gold 0	Gold	81.93%	9, 10	Yes
BlueChoice HMO Referral Gold 500	Gold	81.97%	13, 14	Yes
BlueChoice HMO Referral Silver 4000	Silver	71.79%	35, 36	Yes
BlueChoice HMO Value Bronze 6000	Bronze	64.97%	41, 42	Yes
BlueChoice Plus Opt-Out Platinum 0	Platinum	91.93%	5, 6	Yes
BlueChoice Plus Gold 500	Gold	81.97%	13, 14	Yes
BlueChoice Plus Gold 1000	Gold	81.99%	15, 16	Yes
BlueChoice Plus HSA/HRA Silver 1500	Silver	71.76%	25, 26	Yes
BlueChoice Plus HSA/HRA Silver 3000	Silver	71.41%	33, 34	Yes
BlueChoice Plus HSA/HRA Bronze 6100	Bronze	64.98%	39, 40	Yes
BlueChoice Advantage Platinum 0	Platinum	91.93%	5, 6	Yes
BlueChoice Advantage Gold 500	Gold	81.97%	13, 14	Yes
BlueChoice Advantage Gold 1000	Gold	81.99%	15, 16	Yes
BlueChoice Advantage Gold 3000	Gold	79.16%	21, 22	Yes
BlueChoice Advantage Silver 4000	Silver	71.79%	35, 36	Yes
BlueChoice Advantage Silver 5000	Silver	71.98%	37, 38	Yes
BlueChoice Advantage Value Bronze 6000	Bronze	64.97%	41, 42	Yes
BlueChoice Advantage HSA/HRA Gold 1500	Gold	81.95%	19, 20	Yes
BlueChoice Advantage HSA/HRA Silver 1500	Silver	71.76%	25, 26	Yes
BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	71.92%	27, 28	Yes
BlueChoice Advantage HSA/HRA Silver 3000	Silver	71.41%	33, 34	Yes
BlueChoice Advantage HSA/HRA Bronze 6100	Bronze	64.98%	39, 40	Yes
BlueChoice HMO HSA/HRA Bronze 6500 90	Bronze	64.98%	43	No
BlueChoice Advantage HSA/HRA Silver 2100 70	Silver	71.91%	44	No
BlueChoice HMO HSA/HRA Silver 2100 70	Silver	71.91%	44	No
BlueChoice Advantage HSA/HRA Silver 2000	Silver	71.93%	29, 30	Yes
BlueChoice HMO HSA/HRA Silver 3000 70	Silver	70.21%	45	No
BlueChoice Advantage HSA/HRA Silver 3000 70	Silver	70.21%	45	No
BlueChoice HMO HSA/HRA Gold 1500 90	Gold	81.07%	46	No
BlueChoice Advantage HSA/HRA Gold 1500 90	Gold	81.07%	46	No
BlueChoice HMO Referral Bronze 8150	Bronze	62.14%	47	No
BlueChoice Advantage Gold 0	Gold	81.93%	11, 12	Yes
HealthyBlue Advantage Platinum 500	Platinum	90.68%	7, 8	Yes
HealthyBlue Plate Platinum 500	Platinum	90.68%	7, 8	Yes

*Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.

**For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

**CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group**

Plan Name*	HIQS Plan ID	In-Network	Out-of-Network	Page #'s of AV Screenshot**
BlueChoice HMO Platinum 0	86052DC0460011	DC/CFBC/SG/HMO OA/PLAT 0 (1/21)	N/A	5, 6
BlueChoice HMO Gold 500	86052DC0460010	DC/CFBC/SG/HMO OA/GOLD 500 (1/21)	N/A	13, 14
BlueChoice HMO Silver 1500	86052DC0460020	DC/CFBC/SG/HMO OA/SIL 1500 (1/21)	N/A	23, 24
BlueChoice HMO Gold 1500	86052DC0460009	DC/CFBC/SG/HMO OA/GOLD 1500 (1/21)	N/A	17, 18
BlueChoice HMO Gold 3000	86052DC0460024	DC/CFBC/SG/HMO OA/GOLD 3000 (1/21)	N/A	21, 22
BlueChoice HMO Silver 5000	86052DC0460023	DC/CFBC/SG/HMO OA/SIL 5000 (1/21)	N/A	37, 38
BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	DC/CFBC/SG/HMO OA CDH/SIL 1500 (1/21)	N/A	25, 26
BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	DC/CFBC/SG/HMO OA CDH/GOLD 1500 (1/21)	N/A	19, 20
BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	DC/CFBC/SG/HMO OA CDH/SIL 2000 (1/21)	N/A	29, 30
BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	DC/CFBC/SG/HMO OA CDH/SIL 3000 (1/21)	N/A	33, 34
BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	DC/CFBC/SG/HMO OA CDH/BRZ 6100 (1/21)	N/A	39, 40
BlueChoice HMO Referral Platinum 0	86052DC0480007	DC/CFBC/SG/HMO REF/PLAT 0 (1/21)	N/A	5, 6
BlueChoice HMO Referral Gold 0	86052DC0480010	DC/CFBC/SG/HMO REF/GOLD 0 (1/21)	N/A	9, 10
BlueChoice HMO Referral Gold 500	86052DC0480008	DC/CFBC/SG/HMO REF/GOLD 500 (1/21)	N/A	13, 14
BlueChoice HMO Referral Silver 4000	86052DC0480014	DC/CFBC/SG/HMO REF/SIL 4000 (1/21)	N/A	35, 36
BlueChoice HMO Value Bronze 6000	86052DC0460029	DC/CFBC/SG/HMO/V BRZ 6000 (1/21)	N/A	41, 42
BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	DC/CFBC/SG/BC+ OO/PLAT 0 (1/21)	N/A	5, 6
BlueChoice Plus Gold 500	86052DC0500016	DC/CFBC/SG/POS IN/GOLD 500 (1/21)	DC/CF/SG/POS OON/GOLD 500 (1/21)	13, 14
BlueChoice Plus Gold 1000	86052DC0500015	DC/CFBC/SG/POS IN/GOLD 1000 (1/21)	DC/CF/SG/POS OON/GOLD 1000 (1/21)	15, 16
BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	DC/CFBC/SG/POS IN CDH/SIL 1500 (1/21)	DC/CF/SG/POS OON CDH/GOLD 1500 (1/21)	25, 26
BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	DC/CFBC/SG/POS IN CDH/SIL 2500 (1/21)	DC/CF/SG/POS OON CDH/SIL 2500 (1/21)	31, 32
BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	DC/CFBC/SG/POS IN CDH/SIL 3000 (1/21)	DC/CF/SG/POS OON CDH/SIL 3000 (1/21)	33, 34
BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/21)	DC/CF/SG/POS OON CDH/BRZ 6100 (1/21)	39, 40
BlueChoice Advantage Platinum 0	86052DC0440012	DC/CFBC/SG/POS IN/PLAT 0 (1/21)	DC/CF/SG/POS OON/PLAT 0 (1/21)	5, 6
BlueChoice Advantage Gold 500	86052DC0440011	DC/CFBC/SG/POS IN/GOLD 500 (1/21)	DC/CF/SG/POS OON/GOLD 500 (1/21)	13, 14
BlueChoice Advantage Gold 1000	86052DC0440010	DC/CFBC/SG/POS IN/GOLD 1000 (1/21)	DC/CF/SG/POS OON/GOLD 1000 (1/21)	15, 16
BlueChoice Advantage Gold 3000	86052DC0440026	DC/CFBC/SG/POS IN/GOLD 3000 (1/21)	DC/CF/SG/POS OON/GOLD 3000 (1/21)	21, 22
BlueChoice Advantage Silver 4000	86052DC0440022	DC/CFBC/SG/POS IN/SIL 4000 (1/21)	DC/CF/SG/POS OON/SIL 4000 (1/21)	35, 36
BlueChoice Advantage Silver 5000	86052DC0440025	DC/CFBC/SG/POS IN/SIL 5000 (1/21)	DC/CF/SG/POS OON/SIL 5000 (1/21)	37, 38
BlueChoice Advantage Value Bronze 6000	86052DC0440031	DC/CFBC/SG/POS IN/V BRZ 6000 (1/21)	DC/CF/SG/POS OON/V BRZ 6000 (1/21)	41, 42
BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	DC/CFBC/SG/POS IN CDH/GOLD 1500 (1/21)	DC/CF/SG/POS OON CDH/GOLD 1500 (1/21)	19, 20
BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	DC/CFBC/SG/POS IN CDH/SIL 1500 (1/21)	DC/CF/SG/POS OON CDH/SIL 1500 (1/21)	25, 26
BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	DC/CFBC/SG/BC ADV IN BF HSA/SIL 1500 (1/21)	DC/CF/SG/BC ADV OON BF HSA/SIL 1500 (1/21)	27, 28
BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	DC/CFBC/SG/POS IN CDH/SIL 3000 (1/21)	DC/CF/SG/POS OON CDH/SIL 3000 (1/21)	33, 34
BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/21)	DC/CF/SG/POS OON CDH/BRZ 6100 (1/21)	39, 40
BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460026	DC/CFBC/SG/HMO OA CDH/BRZ 6500 90 (1/21)	N/A	43
BlueChoice Advantage HSA/HRA Silver 2100 70	86052DC0440029	DC/CFBC/SG/POS IN CDH/SIL 2100 70 (1/21)	DC/CF/SG/POS OON CDH/SIL 2100 70 (1/21)	44
BlueChoice HMO HSA/HRA Silver 2100 70	86052DC0460027	DC/CFBC/SG/HMO OA CDH/SIL 2100 70 (1/21)	N/A	44
BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	DC/CFBC/SG/HMO OA CDH/SIL 3000 70 (1/21)	N/A	45
BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	DC/CFBC/SG/POS IN CDH/SIL 3000 70 (1/21)	DC/CF/SG/POS OON CDH/SIL 3000 70 (1/21)	45
BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	DC/CFBC/SG/HMO OA CDH/GOLD 1500 90 (1/21)	N/A	46
BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	DC/CFBC/SG/POS IN CDH/GOLD 1500 90 (1/21)	DC/CF/SG/POS OON CDH/GOLD 1500 90 (1/21)	46
BlueChoice HMO Referral Bronze 8150	86052DC0480015	DC/CFBC/SG/HMO REF/BRZ 8150 (1/21)	N/A	47
HealthyBlue Advantage Platinum 500	86052DC0440015	DC/CFBC/SG/POS IN/PLAT 500 (1/21)	DC/CF/SG/POS OON/PLAT 500 (1/21)	7, 8
HealthyBlue Plus Platinum 500	86052DC0500012	DC/CFBC/SG/POS IN/PLAT 500 (1/21)	DC/CF/SG/POS OON/PLAT 500 (1/21)	7, 8
BlueChoice Advantage Gold 0	86052DC0440032	DC/CFBC/SG/POS IN/GOLD 0 (1/21)	DC/CF/SG/POS OON/GOLD 0 (1/21)	11, 12
BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	DC/CFBC/SG/POS IN CDH/SIL 2000 (1/21)	DC/CF/SG/POS OON CDH/SIL 2000 (1/21)	29, 30

*Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.

**For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

AV Calculator - BlueChoice Platinum 0 (Products: HMO, HMO Referral, Plus Opt-Out, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$1,600.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$63.90	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

91.87%

Metal Tier:

Platinum

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1055 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 150	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 63.90	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	91.87%
Freestanding	16%	92.26%
		91.93%

AV Calculator - BlueChoice Platinum 0 (Products: HMO, HMO Referral, Plus Opt-Out, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,600.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 50.00	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value:

92.26%

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1016 seconds

Final 2021 AV Calculator

AV Calculator -HealthyBlue Platinum 500 (Advantage, Plus)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$1,500.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$63.90	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

90.36%

Metal Tier:

Platinum

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0703 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 150	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 63.90	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	90.36%
Freestanding	16%	92.33%
		90.68%

AV Calculator -HealthyBlue Platinum 500 (Advantage, Plus)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$1,500.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery	\$ 50.00	0%
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.
 92.33%

Actuarial Value:

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2021 AV Calculator

AV Calculator - BlueChoice HMO Referral Gold 0

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$6,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Copays	Weighting
OP Facility Surgery \$ 300	14%
OP Facility Non-Surgery \$ 50	86%
\$ 84.75	

Specialty Drugs	Coins Max	Weighting
Tier 4 \$ 100		78%
Tier 5 \$ 150		22%
\$ 110.85		

Blending of Site-of-Service AVs		
Hospital	84%	81.98%
Freestanding	16%	81.70%
		81.93%

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.98%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2021 AV Calculator

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$6,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 200.00	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.13%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2021 AV Calculator

AV Calculator - BlueChoice Advantage Gold 0

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
	Medical	Drug
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$6,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.98%
 Metal Tier: Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1055 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 300	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 84.75	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
	\$ 110.85	

Blending of Site-of-Service AVs		
Hospital	84%	81.98%
Freestanding	16%	81.70%
		81.93%

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$6,500.00		
MOOP if Separate (\$)			

	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MW/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

81.70%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1484 seconds

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 300.00	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,900.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_jj

	Copays	Weighting
OP Facility Surgery	\$ 300	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 84.75	

	Coins Max	Weighting
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Blending of Site-of-Service AVs		
Hospital	84%	81.96%
Freestanding	16%	82.02%
		81.97%

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.96%
 Metal Tier: Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1172 seconds

Final 2021 AV Calculator

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00				
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$7,900.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 200.00	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.
 82.02%

Actuarial Value:

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0859 seconds

Final 2021 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,750.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.76%
 Metal Tier: Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.082 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 300	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 84.75	

	Coins Max	Weighting
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Blending of Site-of-Service AVs		
Hospital	84%	81.76%
Freestanding	16%	83.20%
		81.99%

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00				
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$5,750.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 200.00	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Output

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
 Actuarial Value: 83.20%
 Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1094 seconds

Final 2021 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,100.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.56%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.082 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 300	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 84.75	

	Coins Max	Weighting
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	81.56%
Freestanding	16%	83.72%
		81.91%

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00				
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$5,100.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 200.00	

	Coins Max	Weighting
Specialty Drugs Tier 4	\$ 100	78%
Specialty Drugs Tier 5	\$ 150	22%
	\$ 110.85	

Output

Status/Error Messages:
 Actuarial Value: 83.72%
 Metal Tier:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.0938 seconds

Final 2021 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$3,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$56.95	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 100	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 56.95	

	Coins Max	Weighting
Specialty Drugs Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Blending of Site-of-Service AVs		
Hospital	84%	81.87%
Freestanding	16%	82.33%
		81.95%

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.87%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0859 seconds

Final 2021 AV Calculator

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,200.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery	\$ 50.00	0%
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.
 82.33%

Actuarial Value:

Metal Tier:

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0977 seconds

Final 2021 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.55%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0938 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 200	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 70.85	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	78.55%
Freestanding	16%	82.29%
		79.16%

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery	\$ 100	0%
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 111	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.
 82.29%

Actuarial Value:

Metal Tier:

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0898 seconds

Final 2021 AV Calculator

AV Calculator - BlueChoice HMO Silver 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$8,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$112.56	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 500	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 112.56	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	71.61%
Freestanding	16%	71.87%
		71.65%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.61%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1055 seconds

Final 2021 AV Calculator

AV Calculator - BlueChoice HMO Silver 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$8,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ 300.00	0%
Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.87%

Metal Tier:

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2021 AV Calculator

AV Calculator - BlueChoice HSA/HRA Silver 1500 (Products: HMO, Plus, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$6,900.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$112.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_jj

	Copays	Weighting
OP Facility Surgery	\$ 500	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 112.56	

	Coins Max	Weighting
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Blending of Site-of-Service AVs		
Hospital	84%	71.69%
Freestanding	16%	72.15%
		71.76%

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.69%
 Metal Tier: Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.1211 seconds

Final 2021 AV Calculator

AV Calculator - BlueChoice HSA/HRA Silver 1500 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$6,900.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 300.00	

	Coins Max	Weighting
Specialty Drugs Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
 Actuarial Value: 72.15%
 Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0898 seconds

Final 2021 AV Calculator

AV Calculator - BlueChoice Advantage Silver 1500 BlueFund HSA

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$6,700.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$112.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.84%

Metal Tier:

Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1016 seconds

Final 2021 AV Calculator

Copays	Weighting
\$ 500	14%
\$ 50	86%
\$ 112.56	

Coins Max	Weighting
\$ 100	78%
\$ 150	22%
\$ 110.85	

Blending of Site-of-Service AVs	
Hospital	84% 71.84%
Freestanding	16% 72.36%
	71.92%

AV Calculator - BlueChoice Advantage Silver 1500 BlueFund HSA

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$) \$1,500.00
		Coinsurance (%, Insurer's Cost Share) 100.00%
		MOOP (\$) \$6,700.00
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 300.00	

	Coins Max	Weighting
Specialty Drugs Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
 Actuarial Value: 72.36%
 Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0664 seconds

Final 2021 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,750.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$98.65	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.92%

Metal Tier:

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1016 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 400	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 98.65	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	71.92%
Freestanding	16%	72.00%
		71.93%

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,750.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% , Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 300.00	

	Coins Max	Weighting
Specialty Drugs Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

72.00%

Metal Tier:

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0898 seconds

Final 2021 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Deductible (\$)		\$2,500.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$6,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$77.80	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.97%
 Metal Tier: Silver

Additional Notes: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.1094 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 250	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 77.80	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs		
Hospital	84%	70.97%
Freestanding	16%	74.03%
		71.47%

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,500.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$6,000.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ -	100%
OP Facility Non-Surgery	\$ -	0%

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.
 74.03%

Actuarial Value:

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0977 seconds

Final 2021 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,000.00			
Coinurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$4,750.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$98.65	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 400	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 98.65	
	Coins Max	Weighting
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	
Blending of Site-of-Service AVs		
Hospital	84%	71.38%
Freestanding	16%	71.56%
		71.41%

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.38%

Metal Tier:

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0898 seconds

Final 2021 AV Calculator

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,750.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	# Days (1-10): 5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ 300.00	0%
Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.56%
 Metal Tier: Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0547 seconds

Final 2021 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate MOOP for Medical and Drug Spending?
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$) \$4,000.00	\$400.00	
Coinsurance (%; Insurer's Cost Share) 100.00%	100.00%	
MOOP (\$) \$8,150.00		
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$98.65	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 400	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 98.65	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	71.41%
Freestanding	16%	73.76%
		71.79%

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.41%
 Metal Tier: Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0898 seconds

Final 2021 AV Calculator

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$400.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$8,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ 300.00	0%
Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value:

73.76%

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2021 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$8,300.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$98.65	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 400	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 98.65	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs		
Hospital	84%	71.57%
Freestanding	16%	74.13%
		71.98%

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.57%
 Metal Tier: Silver

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.1289 seconds

Final 2021 AV Calculator

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$250.00				
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$8,300.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 300.00	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.
 74.13%

Actuarial Value:

Metal Tier:

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1016 seconds

Final 2021 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,100.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$105.61	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum: \$110.85	
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_jj

	Copays	Weighting
OP Facility S	\$ 450	14%
OP Facility N	\$ 50	86%
	\$ 105.61	

Specialty Dr	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	64.98%
Freestandin	16%	64.98%
		64.98%

Output

Calculate

Status/Error Messages:

Actuarial Value:
Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.98%
Bronze

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1055 seconds

Final 2021 AV Calculator

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,100.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ 300.00	0%
Specialty Drugs		
	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.98%
 Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

0.0859 seconds

Inputs for Hospital Site-of-ServiceUser

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier Bronze

Tier 1 Plan Benefit Design		
Deductible (\$)		\$6,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$8,300.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$130.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$148.65	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$100
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Calculate

Status/Error Messages:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

Actuarial Value:

64.96%

Metal Tier:

Bronze

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0664 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 450	14%
OP Facility Non-Surgery	\$ 100	86%
	\$ 148.65	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	64.96%
Freestanding	16%	65.04%
		64.97%

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$6,000.00			
Coinsurance (%; Insurer's Cost Share)		60.00%			
MOOP (\$)		\$8,300.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ 300.00	0%
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Calculate

Status/Error Messages:

Error: Result is outside of de minimis variation for Expanded Bronze.

Actuarial Value:

65.04%

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0938 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Deductible (\$)		\$6,500.00
Coinurance (% , Insurer's Cost Share)		90.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10): <input type="text"/>

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Status/Error Messages:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

Actuarial Value:

64.98%

Metal Tier:

Bronze

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.0977 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
 - Apply Inpatient Copay per Day?
 - Apply Skilled Nursing Facility Copay per Day?
 - Use Separate MOOP for Medical and Drug Spending?
 - Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,100.00
Coinsurance (% Insurer's Cost Share)		70.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.91%

Metal Tier:

Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.1016 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Deductible (\$)		\$3,000.00
Coinsurance (% Insurer's Cost Share)		70.00%
MOOP (\$)		\$6,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.21%
 Metal Tier: Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.0547 seconds

Final 2021 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Deductible (\$)		\$1,500.00
Coinsurance (% Insurer's Cost Share)		90.00%
MOOP (\$)		\$6,750.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.07%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time:

0.0859 seconds

Final 2021 AV Calculator

AV Calculator - BlueChoice HMO Referral Bronze 8150

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design		
Deductible (\$)		\$8,150.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$8,150.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.
 62.14%

Actuarial Value:

Metal Tier:

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1875 seconds

Final 2021 AV Calculator

CareFirst BlueCross BlueShield

Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Small Groups (On Exchange)
- **Effective Date:** 1/1/21 and quarterly incremental "trend" increases effective 4/1/21, 7/1/21 and 10/1/21.
- **Company Filing Number:** 2436
- **SERFF Filing Number:** CFAP-132316088

Company Contact Information:

- **Primary Contact Name:** Mr. Gregory Sucher, FSA, MAAA
- **Primary Contact Telephone Number:** 410-998-5988
- **Primary Contact E-Mail Address:** Gregory.Sucher@CareFirst.com

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 1.1% on average for 1Q21. The range is 2.0% to 11.2%. The estimated average base rate changes for 2Q21, 3Q21, and 4Q21 are 0.9%, 0.7% and 0.5%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 24,873.

Reason for Rate Change(s):

The main drivers supporting the rate change are the increase in the base period experience of the combined pool, elimination of the Health Insurer Fee in 2021, and an increase in the contribution to reserve.

For our initial submission, we have not adjusted 2021 rates to reflect potential impacts of the COVID-19 pandemic. As of today, we are still in the early stages of this event and it is unclear how the emerging experience will impact rates either positively or negatively. We intend to update assumptions as appropriate as experience emerges during the review process. Possible considerations that could move rates either way include, but are not limited to:

- Impacts on 2021 trend due to deferred care
- Impacts on trend or future deferred care due to potential COVID resurgence in the fall of 2020
- Positive or negative impacts on the risk pool due to economic impact on groups and individual members
- Positive or negative impacts on the single risk pool due to special enrollment periods
- Changes to practice patterns such as a permanent increase in the utilization of telemedicine
- Impact on morbidity or mortality due to postponement of chronic care management
- Segment shifts from Group to Individual to Medicaid

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/19 through 12/31/19, as required.

Paid Through Date: 2/29/20

Current Date: 2/29/20

Premiums (prior to MLR rebates) in Experience Period: \$234,897,002

Experience Period Member Months: 516,499

Current Date Members: 44,742

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$211,641,810
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,775,960

Incurred Claims

- **Processed through issuer's claim system:** \$181,311,295
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,509,567

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 6.0%, which is a decrease compared to the 7.0% trend assumed in our prior filing. Current observed medical trends as of 201912 are 7.3%, down from 10.0% in 201812. The current observed drug trends are -0.5% as of 201912, down from 7.3% in 201812.

We note that the current drug observed trend as of 201912 is slightly depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201912 is 1.4%. The adjusted aggregate medical and drug trend is 5.7%.

When normalized for induced demand, network, and demographics, the composite 5.7% observed trend decreases to 5.6% compared to 6.9% in 201812.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2021 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2020) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2021) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2019 to 2021 is expected to be -0.7%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates. The formulary adjustment is needed given the change from a 4-tier to a 5-tier benefit design that occurred on a group's renewal in 2019. As a result, each incurred month's experience must be adjusted to account for the proportion of groups still using the prior tier structure at that time.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2022 for our first quarter 2021 Index Rate Projection since business may be sold with this rate through 3/31/2021 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$409.47 and the projection period index rate is \$460.93. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

Small Group Quarterly Rate Filings

This filing is an annual submission and includes scheduled quarterly trend increases.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$489.73 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2021 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2019 to 2021, we have assumed an increase in the statewide premium of 9.5% which reflects an estimate of an average 8.4% increase in 2020 and 1.0% increase in 2021. We have assumed that our market share will increase slightly from 79.0% in 2020 to 79.5% in 2021. We have assumed that our PLRS ratio to the state will improve from 1.020 in 2019 to 1.015 in 2021. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Small Group market will increase from -\$15.68 in 2018 to -\$23.93 in 2021.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The URRT instructions state that this adjustment may "...take into account the benefit differences and *utilization differences due to differences in cost-sharing.*" As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** There are 5 types of network factors: Lock In/Referral, Open Access, Open Access Opt-Out, Open Access Plus, and Open Access Advantage.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 1. Administrative Expense (G&A)
 2. Broker Commissions & Fees
 3. Federal Income Tax (FIT)
 4. Contribution to Reserve (Post-Tax)
 5. State Premium Tax
 6. Health Insurer Fee (HIF) – was removed for 2021 & 2022
 7. PCORI Fee
 8. Risk Adjustment User Fee
 9. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found in Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 80.1% for the Small Group market and 80.4% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2021 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 84% of the designated services are rendered in higher cost-share setting and the remaining 16% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/29/20 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

4.6.3 Terminated Plans and Products

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

4.6.4 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

**BlueChoice Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)**

**Rate Filing # 2436
D.C. Small Group Products
Rate Filing Effective 1/1/2021**

Actuarial Memorandum

BlueChoice Inc.
(NAIC # 96202)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)

D.C. Small Group Products

Rate Filing Effective 1/1/2021

Actuarial Certification

I, Gregory Sucher, am a(n) Actuary with CareFirst BlueChoice doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient

2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).

3. Consistent with 45 CFR § 156.135, the 2021 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Digitally signed by Gregory
Gregory Sucher
Sucher
Date: 2020.05.01 11:17:49
-04'00'

Gregory Sucher, FSA, MAAA
Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Table of Contents

Page	Exhibit Name/Description
1	Cover Page
2	Actuarial Certification
3	Table of Contents
4	Exhibit 1 - Summary
5	Exhibit 2 - Base Period Allowed
6	Exhibit 3 - Non-EHB
7	Exhibit 4 - Morbidity
8	Exhibit 5 - Induced Demand
9	Exhibit 6 - Demographics
10	Exhibit 7 - Other Adjustments
11	Exhibit 8 - Trend
12	Exhibit 9 - Risk Adjustment
13	Exhibit 10A - Desired Loss Ratio
14	Exhibit 10B - Federal MLR
15	Exhibit 10B - Federal Combined MLR
16	Exhibit 11 - Plan Adjusted Index Rates
17	Exhibit 12 - HHS Actuarial Values
18	Exhibit 13 - Age Calibration
19	Exhibit 14 - Age Factors
20	Exhibit 15 - Induced Utilization Factors
21	Appendix - Network Factors
22	Appendix - HIOS ID Mappings
23	Appendix - Rate Changes
24	Appendix - Quarterly Changes
25	Appendix - Max Renewal
26 - 27	Appendix - Form Numbers
28 - 33	Appendix - Experience by Service Category
34	Appendix - Total Experience

Exhibit 1 - Market Adjusted Index Rate Summary

		2021	Exhibit
(1)	Base Period Total Allowed	\$ 409.76	2
(2)	Base Period Non-EHB PMPM	\$ 0.29	2
(3)	Experience Period Index Rate	\$ 409.47	
(4)	Change in Morbidity	0.9927	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9988	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0096	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0007	7
(11)	Annualized Trend	6.0%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1237	
(14)	Projection Period Index Rate	\$ 460.93	
(15)	Risk Adjustment Program	1.0625	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 489.73	
	Without Risk Adjustment	\$ 460.93	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 37,467,938		\$ 72.54	Admits	49.21	\$ 17,691.08
Outpatient Hospital	\$ 38,815,149		\$ 75.15	Visits	743.00	\$ 1,213.74
Professional	\$ 73,632,659		\$ 142.56	Visits	11,205.99	\$ 152.66
Other Medical	\$ 13,113,651		\$ 25.39	Services	1,169.16	\$ 260.59
Capitation	\$ 513,152		\$ 0.99	Benefit Period	1,000	\$ 11.92
Prescription Drug	\$ 48,099,261		\$ 93.13	Prescriptions	7,627.90	\$ 146.50
Total (EHB & Non-EHB)	\$ 211,641,810		\$ 409.76			
EHB Allowed	\$ 211,490,911		\$ 409.47			
Non-EHB Allowed	\$ 150,899		\$ 0.29			
Incurred Net	\$ 181,311,295		\$ 351.04			
Net/Allowed			85.67%			
Experience Period Member Months			516,499			
Experience Period Revenue	\$ 234,897,002					

Exhibit 3 - Non-EHB Adjustment

		2021 On-Exchange	2021 Off-Exchange	
(1)	Blended Index Rate	\$ 472.00	\$ 472.00	
(2)	Non-EHB PMPM	\$ 0.10	\$ 0.10	
(3)	Total	\$ 472.10	\$ 472.10	
(4)	Plan Level Adjustment	1.0002	1.0002	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2019 Normalized Allowed PMPM
Catastrophic	7,648	\$ 103.58
Bronze	41,874	\$ 126.34
Silver	121,348	\$ 198.62
Gold	187,032	\$ 226.22
Platinum	158,537	\$ 247.94
Subtotal	516,439	\$ 216.49

Current Year YTD

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	818	\$ 117.12	1.000	\$ 117.12
Bronze	5,772	\$ 128.94	1.000	\$ 128.94
Silver	17,261	\$ 196.56	1.000	\$ 196.56
Gold	26,034	\$ 220.47	1.000	\$ 220.47
Platinum	21,697	\$ 246.15	1.000	\$ 246.15
Subtotal	71,582	\$ 213.93	1.000	\$ 213.93

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	411	\$ 117.12	1.000	\$ 117.12
Bronze	1,334	\$ 128.94	1.000	\$ 128.94
Silver	2,808	\$ 196.56	1.000	\$ 196.56
Gold	5,468	\$ 220.47	1.000	\$ 220.47
Platinum	2,976	\$ 246.15	1.000	\$ 246.15
Subtotal	12,997	\$ 208.52	1.000	\$ 208.52

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	62	\$ 132.44	1.000	\$ 132.44
Bronze	474	\$ 140.00	1.000	\$ 140.00
Silver	769	\$ 192.23	1.000	\$ 192.23
Gold	1,790	\$ 284.72	1.000	\$ 284.72
Platinum	1,467	\$ 270.14	1.000	\$ 270.14
Subtotal	4,562	\$ 247.34	1.000	\$ 247.34

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	1,291	\$ 117.86	1.000	\$ 117.86
Bronze	7,580	\$ 129.63	1.000	\$ 129.63
Silver	20,838	\$ 196.40	1.000	\$ 196.40
Gold	33,292	\$ 223.92	1.000	\$ 223.92
Platinum	26,140	\$ 247.50	1.000	\$ 247.50
Subtotal	89,141	\$ 214.85	1.000	\$ 214.85

Remainder of Current Year

Existing				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM		
Catastrophic	3,494	\$ 117.12		
Bronze	27,119	\$ 128.94		
Silver	85,518	\$ 196.56		
Gold	134,767	\$ 220.47		
Platinum	109,095	\$ 246.15		
Subtotal	359,993	\$ 214.67		

New				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM		
Catastrophic	2,723	\$ 117.12		
Bronze	7,945	\$ 128.94		
Silver	14,496	\$ 196.56		
Gold	26,473	\$ 220.47		
Platinum	13,527	\$ 246.15		
Subtotal	65,164	\$ 205.00		

Transfer				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM		
Catastrophic	310	\$ 132.44		
Bronze	2,215	\$ 140.00		
Silver	3,304	\$ 192.23		
Gold	7,207	\$ 284.72		
Platinum	6,464	\$ 270.14		
Subtotal	19,500	\$ 245.36		

Total				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM		
Catastrophic	6,527	\$ 117.85		
Bronze	37,279	\$ 129.60		
Silver	103,318	\$ 196.42		
Gold	168,447	\$ 223.22		
Platinum	129,086	\$ 247.35		
Subtotal	444,657	\$ 214.60		

Total Current Year

Total	Member Months	2020 Adjusted Normalized Allowed PMPM
Catastrophic	7,818	\$ 117.85
Bronze	44,859	\$ 129.60
Silver	124,156	\$ 196.42
Gold	201,739	\$ 223.34
Platinum	155,226	\$ 247.38
Subtotal	533,798	\$ 214.64

Rating Year

Existing				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	6,125	\$ 117.85	1.000	\$ 117.85
Bronze	36,505	\$ 129.60	1.000	\$ 129.60
Silver	103,691	\$ 196.42	1.000	\$ 196.42
Gold	177,541	\$ 223.34	1.000	\$ 223.34
Platinum	130,318	\$ 247.38	1.000	\$ 247.38
Subtotal	454,180	\$ 215.13	1.000	\$ 215.13

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	2,654	\$ 117.85	1.000	\$ 117.85
Bronze	8,618	\$ 129.60	1.000	\$ 129.60
Silver	17,728	\$ 196.42	1.000	\$ 196.42
Gold	34,389	\$ 223.34	1.000	\$ 223.34
Platinum	18,551	\$ 247.38	1.000	\$ 247.38
Subtotal	81,940	\$ 209.68	1.000	\$ 209.68

Transfer				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	252	\$ 132.44	1.000	\$ 132.44
Bronze	1,596	\$ 140.00	1.000	\$ 140.00
Silver	2,076	\$ 192.23	1.000	\$ 192.23
Gold	4,488	\$ 284.72	1.000	\$ 284.72
Platinum	3,660	\$ 270.14	1.000	\$ 270.14
Subtotal	12,072	\$ 242.08	1.000	\$ 242.08

Total				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	9,031	\$ 118.26	1.000	\$ 118.26
Bronze	46,719	\$ 129.96	1.000	\$ 129.96
Silver	123,495	\$ 196.35	1.000	\$ 196.35
Gold	216,418	\$ 224.61	1.000	\$ 224.61
Platinum	152,529	\$ 247.92	1.000	\$ 247.92
Subtotal	548,192	\$ 214.91	1.000	\$ 214.91

Year	Adjusted Normalized PMPM	Year over Year Change
2019	\$ 216.49	n/a
2020	\$ 214.64	-0.9%
2021	\$ 214.91	0.1%

Morbidity Adjustment Change	-0.7%
Morbidity Adjustment Factor	0.9927

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2019	78.82%	1.0741	
(2) Projected 2021	78.56%	1.0728	
(3) Adjustment*		0.9988	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6551	100.0%	34.1
(2)	Rating Period	Existing	1.7080	82.9%	
		New	1.4685	14.9%	
		Transfer	1.6533	2.2%	
(3)	Rating Period	All	1.6710	100.0%	34.4
(4)	Demographic Adjustment***	All	1.0096		

(3) / (1)

***Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

****Average ages are member weighted**

*****Applied to all service categories except capitations**

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1) Experience Period Capitations PMPM (EHBs only)	\$	0.78	
(2) Projection Period Capitations PMPM	\$	0.81	
(3) Adjustment to Capitation Category		1.0454	(2)/(1)
Drug Rebates adjustment			
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	113.51	
(5) Morbidity		0.9927	Exhibit 4
(6) Induced Demand		0.9988	Exhibit 5
(7) Demographics		1.0096	Exhibit 6
(8) Rx Trend (Force of Trend)		1.0138	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	115.19	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$	20.38	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	94.81	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$	20.38	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$	93.13	(4)-(12)
(14) Morbidity		0.9927	Exhibit 4
(15) Induced Demand		0.9988	Exhibit 5
(16) Demographics		1.0096	Exhibit 6
(17) Rx Trend (Force of Trend)		1.0138	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	94.51	(13)*(14)*(15)*(16)*(17)
(19) Adjustment to Drug Category		1.0032	(11)/(18)
Formulary Adjustments			
(20) Experience Period Allowed Rx PMPM (Pre-Rebates, existing formulary)	\$	113.51	
(21) Ingredient cost Adjustment Factor		1.0000	
(22) Experience Period Allowed Rx PMPM (Pre-Rebates, new formulary)	\$	113.51	(20)*(21)
(23) Projection Period Rx Rebates PMPM	\$	20.38	
(24) Adjustment to Drug Category		1.0000	[(22) - (23)]/[(20) - (23)]

	PMPM	Adjustment
Inpatient Hospital	\$ 85.74	1.0000
Outpatient Hospital	\$ 87.19	1.0000
Professional	\$ 165.58	1.0000
Other Medical	\$ 26.79	1.0000
Capitation	\$ 0.78	1.0454 (3)
Prescription Drug	\$ 94.51	1.0032 (19)*(24)
Total	\$ 460.59	1.0007

PMPM weights are set equal to projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2019 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 72.54	17.7%	0.9969	1.0900	1.0866
Outpatient Hospital	\$ 75.15	18.3%	0.9969	1.0800	1.0767
Professional	\$ 142.56	34.8%	1.0667	1.0100	1.0774
Other Medical	\$ 25.39	6.2%	0.9969	1.0300	1.0268
Capitation	\$ 0.99	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$ 93.13	22.7%	0.9969	1.0100	1.0069
Total	\$ 409.76	100.0%			1.0596
Proposed Trend					1.0601

Exhibit 9 - Risk Adjustment

2019

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	18,743	4.0%	0.619	1.038	-\$1,750,644	-\$93.40
Silver	108,175	23.2%	0.916	1.053	-\$5,759,458	-\$53.24
Gold	182,429	39.1%	1.129	1.018	-\$3,955,601	-\$21.68
Platinum	156,901	33.7%	1.431	1.032	\$4,155,191	\$26.48
Total	466,248	100.0%	1.161	1.032	-\$7,310,511	-\$15.68

Statewide 2019

Statewide PMPM 2019

Small Group	953,800		1.2400	1.0360	\$	438.02
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2021

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	22,446	4.5%	0.5945	1.0375	-\$2,346,167	-\$104.52
Silver	109,805	22.2%	0.8608	1.0606	-\$7,830,593	-\$71.31
Gold	211,515	42.8%	1.0847	1.0165	-\$5,503,177	-\$26.02
Platinum	150,697	30.5%	1.3760	1.0328	\$3,847,093	\$25.53
Total	494,463	100.0%	1.1015	1.0322	-\$11,832,844	-\$23.93

Statewide 2021

Statewide PMPM 2021

Small Group	953,415		1.1891	1.0321	\$	479.56
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Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$472.00	-\$29.31	\$ 0.19	1.0625

*Adjustment Factor = (\$472 - \$-29.31+ \$0.19) / \$472

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2021		2Q 2021		3Q 2021		4Q 2021	
	PMPM	% of Revenue						
Allowed Claims	\$466.22		\$473.18		\$480.27		\$487.49	
Paid/Allowed Ratio	80.73%		80.73%		80.73%		80.73%	
Paid Claims & Capitations	\$ 376.38		\$ 382.00		\$ 387.72		\$ 393.55	
Risk Adjustment Transfer (Paid Basis)	\$ (23.93)		\$ (23.93)		\$ (23.93)		\$ (23.93)	
Paid Claims & Capitations (Post-3Rs)	\$ 400.31	77.2%	\$ 405.93	77.3%	\$ 411.65	77.5%	\$ 417.48	77.7%
Administrative Expense	\$ 51.97	10.0%	\$ 51.97	9.9%	\$ 51.97	9.8%	\$ 51.97	9.7%
Broker Commissions & Fee	\$ 30.03	5.8%	\$ 30.03	5.7%	\$ 30.03	5.7%	\$ 30.03	5.6%
Contribution to Reserve (Post-Tax)	\$ 16.60	3.2%	\$ 16.80	3.2%	\$ 16.99	3.2%	\$ 17.19	3.2%
Investment Income Credit	\$ (0.52)	-0.1%	\$ (0.52)	-0.1%	\$ (0.53)	-0.1%	\$ (0.54)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 10.38	2.0%	\$ 10.50	2.0%	\$ 10.62	2.0%	\$ 10.75	2.0%
State Assessment Fee	\$ 0.52	0.1%	\$ 0.52	0.1%	\$ 0.53	0.1%	\$ 0.54	0.1%
Reinsurance Program Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 4.15	0.8%	\$ 4.20	0.8%	\$ 4.25	0.8%	\$ 4.30	0.8%
<u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.19	0.0%	\$ 0.19	0.0%	\$ 0.19	0.0%	\$ 0.19	0.0%
Exchange Assessment Fee	\$ 4.67	0.9%	\$ 4.72	0.9%	\$ 4.78	0.9%	\$ 4.84	0.9%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$ 0.20	0.0%	\$ 0.20	0.0%	\$ 0.20	0.0%	\$ 0.20	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%
Total Revenue	\$ 518.85	100.0%	\$ 524.88	100.0%	\$ 531.03	100.0%	\$ 537.29	100.0%
Plan Level Admin Load Adjustment	1.2955		1.2924		1.2894		1.2864	
Projected Member Months	126,997		77,011		79,154		211,301	
Average Members	10,583		6,418		6,596		17,608	
% Total 2021	25.7%		15.6%		16.0%		42.7%	

Exhibit 10B - Federal MLR

	Total 2021 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 410.34
Total Revenue	\$ 529.62
Traditional MLR (i.e. DICR)	77.5%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 2.93
Removal of non-care costs under MLR guidelines	\$ (5.57)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 15.36
ACA Taxes & Fees	\$ 5.16
Federal MLR Numerator	\$ 408.04
Federal MLR Denominator	\$ 509.10
Federal MLR	80.1%
Projected Member Months	494,463

Exhibit 10B - Federal MLR (Combined SG & Individual)

	Total 2021	
	PMPM / %	
<u>Traditional MLR Development</u>		
Paid Claims & Capitations (Post-3Rs)	\$	404.54
Total Revenue	\$	520.78
Traditional MLR (i.e. DICR)		77.7%
<u>Federal MLR Development</u>		
Numerator Adjustments		
BlueRewards/Incentive Program	\$	0.31
Quality Improvement Expenses	\$	2.82
Removal of non-care costs under MLR guidelines	\$	(5.26)
Denominator Adjustments		
Non-ACA Taxes & Fees	\$	14.93
ACA Taxes & Fees	\$	5.08
Federal MLR Numerator	\$	402.42
Federal MLR Denominator	\$	500.77
Federal MLR		80.4%
Projected Member Months		548,192

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	Open Access Advantage	\$489.73	0.8013	1.0690	1.0000	1.0002	1.0000	1.2955	\$543.57
86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	Open Access Advantage	\$489.73	0.8291	1.0690	1.0000	1.0002	1.0000	1.2955	\$562.46
86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	Open Access Advantage	\$489.73	0.9270	1.0690	1.0650	1.0002	1.0000	1.2955	\$669.69
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	Open Access Advantage	\$489.73	0.7061	1.0690	0.9540	1.0002	1.0000	1.2955	\$456.96
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	Open Access Advantage	\$489.73	0.8990	1.0690	1.0650	1.0002	1.0000	1.2955	\$649.50
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	POS	BRONZE	On	Open Access Advantage	\$489.73	0.5807	1.0690	0.9260	1.0002	1.0000	1.2955	\$364.78
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	Open Access Advantage	\$489.73	0.6706	1.0690	0.9540	1.0002	1.0000	1.2955	\$433.96
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	Open Access Advantage	\$489.73	0.7796	1.0690	1.0000	1.0002	1.0000	1.2955	\$528.88
86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	Open Access Advantage	\$489.73	0.6696	1.0690	0.9540	1.0002	1.0000	1.2955	\$433.32
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	Open Access Advantage	\$489.73	0.7069	1.0690	0.9540	1.0002	1.0000	1.2955	\$457.45
86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	Open Access Advantage	\$489.73	0.6832	1.0690	0.9540	1.0002	1.0000	1.2955	\$442.15
86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	Open Access Advantage	\$489.73	0.7420	1.0690	1.0000	1.0002	1.0000	1.2955	\$503.34
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS	SILVER	On	Open Access Advantage	\$489.73	0.6949	1.0690	0.9540	1.0002	1.0000	1.2955	\$449.73
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS	GOLD	On	Open Access Advantage	\$489.73	0.7597	1.0690	1.0000	1.0002	1.0000	1.2955	\$515.34
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	POS	SILVER	On	Open Access Advantage	\$489.73	0.6807	1.0690	0.9540	1.0002	1.0000	1.2955	\$440.51
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	POS	SILVER	On	Open Access Advantage	\$489.73	0.6491	1.0690	0.9540	1.0002	1.0000	1.2955	\$420.07
86052DC0440031	BlueChoice Advantage Value Bronze 6000	POS	BRONZE	On	Open Access Advantage	\$489.73	0.5856	1.0690	0.9260	1.0002	1.0000	1.2955	\$367.87
86052DC0440032	BlueChoice Advantage Gold 0	POS	GOLD	On	Open Access Advantage	\$489.73	0.8773	1.0690	1.0000	1.0002	1.0000	1.2955	\$595.11
86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	Open Access	\$489.73	0.7726	0.9530	1.0000	1.0002	1.0000	1.2955	\$467.22
86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	Open Access	\$489.73	0.8225	0.9530	1.0000	1.0002	1.0000	1.2955	\$497.40
86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	Open Access	\$489.73	0.9246	0.9530	1.0650	1.0002	1.0000	1.2955	\$595.49
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	Open Access	\$489.73	0.6921	0.9530	0.9540	1.0002	1.0000	1.2955	\$399.32
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	Open Access	\$489.73	0.6785	0.9530	0.9540	1.0002	1.0000	1.2955	\$391.45
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	HMO	BRONZE	On	Open Access	\$489.73	0.5578	0.9530	0.9260	1.0002	1.0000	1.2955	\$312.34
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	Open Access	\$489.73	0.6509	0.9530	0.9540	1.0002	1.0000	1.2955	\$375.52
86052DC0460020	BlueChoice HMO Silver 1500	HMO	SILVER	On	Open Access	\$489.73	0.6664	0.9530	0.9540	1.0002	1.0000	1.2955	\$384.49
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	Open Access	\$489.73	0.7649	0.9530	1.0000	1.0002	1.0000	1.2955	\$462.56
86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	Open Access	\$489.73	0.6682	0.9530	0.9540	1.0002	1.0000	1.2955	\$385.53
86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	Open Access	\$489.73	0.7303	0.9530	1.0000	1.0002	1.0000	1.2955	\$441.65
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	HMO	GOLD	On	Open Access	\$489.73	0.7440	0.9530	1.0000	1.0002	1.0000	1.2955	\$449.92
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	HMO	BRONZE	On	Open Access	\$489.73	0.5639	0.9530	0.9260	1.0002	1.0000	1.2955	\$315.76
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	HMO	SILVER	On	Open Access	\$489.73	0.6619	0.9530	0.9540	1.0002	1.0000	1.2955	\$381.84
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	HMO	SILVER	On	Open Access	\$489.73	0.6283	0.9530	0.9540	1.0002	1.0000	1.2955	\$362.51
86052DC0460029	BlueChoice HMO Value Bronze 6000	HMO	BRONZE	On	Open Access	\$489.73	0.5634	0.9530	0.9260	1.0002	1.0000	1.2955	\$315.50
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	PLATINUM	On	Lock In / Referral	\$489.73	0.9236	0.9080	1.0650	1.0002	1.0000	1.2955	\$566.78
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	GOLD	On	Lock In / Referral	\$489.73	0.8192	0.9080	1.0000	1.0002	1.0000	1.2955	\$472.04
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	GOLD	On	Lock In / Referral	\$489.73	0.8717	0.9080	1.0000	1.0002	1.0000	1.2955	\$502.27
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	SILVER	On	Lock In / Referral	\$489.73	0.6366	0.9080	0.9540	1.0002	1.0000	1.2955	\$349.96
86052DC0480015	BlueChoice HMO Referral Bronze 8150	HMO	BRONZE	On	Lock In / Referral	\$489.73	0.4992	0.9080	0.9260	1.0002	1.0000	1.2955	\$266.36
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	SILVER	On	Open Access Plus	\$489.73	0.6843	0.9710	0.9540	1.0002	1.0000	1.2955	\$402.23
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	SILVER	On	Open Access Plus	\$489.73	0.6425	0.9710	0.9540	1.0002	1.0000	1.2955	\$377.67
86052DC0500012	HealthyBlue Plus Platinum 500	POS	PLATINUM	On	Open Access Plus	\$489.73	0.8892	0.9710	1.0650	1.0002	1.0000	1.2955	\$583.51
86052DC0500015	BlueChoice Plus Gold 1000	POS	GOLD	On	Open Access Plus	\$489.73	0.7875	0.9710	1.0000	1.0002	1.0000	1.2955	\$485.26
86052DC0500016	BlueChoice Plus Gold 500	POS	GOLD	On	Open Access Plus	\$489.73	0.8185	0.9710	1.0000	1.0002	1.0000	1.2955	\$504.36
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	POS	BRONZE	On	Open Access Plus	\$489.73	0.5538	0.9710	0.9260	1.0002	1.0000	1.2955	\$315.99
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	SILVER	On	Open Access Plus	\$489.73	0.6634	0.9710	0.9540	1.0002	1.0000	1.2955	\$389.98
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	PLATINUM	On	Open Access Opt-Out	\$489.73	0.9232	0.9620	1.0650	1.0002	1.0000	1.2955	\$600.23

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.8199
86052DC0440011	BlueChoice Advantage Gold 500	0.8197
86052DC0440012	BlueChoice Advantage Platinum 0	0.9193
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.7176
86052DC0440015	HealthyBlue Advantage Platinum 500	0.9090
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	0.6498
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.7141
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.8195
86052DC0440022	BlueChoice Advantage Silver 4000	0.7179
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.7192
86052DC0440025	BlueChoice Advantage Silver 5000	0.7198
86052DC0440026	BlueChoice Advantage Gold 3000	0.7916
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	0.7193
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	0.8107
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	0.7191
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	0.7021
86052DC0440031	BlueChoice Advantage Value Bronze 6000	0.6497
86052DC0440032	BlueChoice Advantage Gold 0	0.8193
86052DC0460009	BlueChoice HMO Gold 1500	0.8191
86052DC0460010	BlueChoice HMO Gold 500	0.8197
86052DC0460011	BlueChoice HMO Platinum 0	0.9193
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.7176
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.7193
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	0.6498
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.7141
86052DC0460020	BlueChoice HMO Silver 1500	0.7165
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.8195
86052DC0460023	BlueChoice HMO Silver 5000	0.7198
86052DC0460024	BlueChoice HMO Gold 3000	0.7916
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	0.8107
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	0.6498
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	0.7191
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	0.7021
86052DC0460029	BlueChoice HMO Value Bronze 6000	0.6497
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.9193
86052DC0480008	BlueChoice HMO Referral Gold 500	0.8197
86052DC0480010	BlueChoice HMO Referral Gold 0	0.8193
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.7179
86052DC0480015	BlueChoice HMO Referral Bronze 8150	0.6214
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.7176
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.7141
86052DC0500012	HealthyBlue Plus Platinum 500	0.9090
86052DC0500015	BlueChoice Plus Gold 1000	0.8199
86052DC0500016	BlueChoice Plus Gold 500	0.8197
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	0.6498
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.7147
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.9193

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0802	82.9%	
		New	0.9520	14.9%	
		Transfer	1.0505	2.2%	
(2)	Rating Period	All	1.0604	100.0%	42.2
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	0.9930		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice Advantage Gold 1000
(5)	Plan Adjusted Index Rate	\$539.78
(6)	Calibration	0.9930 (4)
(7)	Calibrated Rate	\$536.01 (5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	Age 40 Premium Rate	\$496.30 (7)*(8)

*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

**The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

***Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	141,617	1.0000	1.0000
Non-CDH	406,575	1.0000	1.0000
	548,192	1.0000	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average*
Catastrophic	9,031	1.0000	0.9257
Bronze	46,719	1.0000	0.9257
Silver	122,822	1.0300	0.9535
Gold	216,418	1.0800	0.9998
Platinum	153,202	1.1500	1.0646
Total	548,192	1.0802	

***Factors are applied as plan level adjustments**

Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Opt-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	45,770	1.0000	0.9077
Open Access	160,788	1.0500	0.9531
Open Access Opt-Out	38,090	1.0599	0.9621
Open Access Plus	78,576	1.0699	0.9712
Open Access Advantage	224,968	1.1775	1.0688
Total	548,192	1.1017	

Factors are applied as plan level adjustments

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	1,686	1,770	6.3%
Base Rate	Silver Members/Avg Renewal	9,238	9,160	1.1%
Base Rate	Gold Members/Avg Renewal	16,287	16,956	1.1%
Base Rate	Platinum Members/Avg Renewal	12,895	12,681	0.4%
Base Rate	All Members/Avg Renewal	40,106	40,567	1.1%
Base Rate	Minimum Renewal			-2.0%
Base Rate	Maximum Renewal			11.2%

2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	2021 HIOS Plan ID	2021 HIOS Plan Name	2021 Metal Level	2021 Marketplace Indicator	Current Month Member Count	Projected 2020 EOY Members	1Q2020 Base Rate	1Q2021 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	3,849	3,867	\$505.76	\$512.61	1.4%
86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	3,240	3,575	\$523.57	\$530.42	1.3%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	3,123	3,201	\$628.32	\$631.55	0.5%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	1,507	1,461	\$431.76	\$430.93	-0.2%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	1,554	1,520	\$606.35	\$612.51	1.0%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	BRONZE	On	424	440	\$326.96	\$344.00	5.2%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	435	437	\$391.46	\$409.24	4.5%
86052DC0440020	BlueChoice Advantage Bronze 6500	BRONZE	On	86052DC0440031	BlueChoice Advantage Value Bronze 6000	BRONZE	On	116	130	\$332.96	\$346.91	4.2%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	916	959	\$489.10	\$498.75	2.0%
86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	159	167	\$402.62	\$408.64	1.5%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	845	865	\$431.23	\$431.40	0.0%
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	289	287	\$410.08	\$424.11	3.4%
86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	51	65	\$410.64	\$416.96	1.5%
86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	296	341	\$472.32	\$474.67	0.5%
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	947	888	\$411.44	\$424.11	3.1%
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	13	15	\$487.40	\$485.99	-0.3%
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	SILVER	On	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	SILVER	On	4	4	\$398.57	\$415.42	4.2%
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	2	3	\$383.48	\$396.14	3.3%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	1,190	1,187	\$440.72	\$440.60	0.0%
86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	1,313	1,373	\$463.34	\$469.07	1.2%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	1,819	1,825	\$559.86	\$561.57	0.3%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	707	702	\$377.58	\$376.57	-0.3%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	861	838	\$357.91	\$369.15	3.1%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	BRONZE	On	427	441	\$279.03	\$294.55	5.6%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	311	315	\$338.00	\$354.13	4.8%
86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	802	844	\$355.42	\$362.59	2.0%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	313	327	\$428.00	\$436.21	1.9%
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86	93	\$356.40	\$369.15	3.6%
86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	75	91	\$358.49	\$363.57	1.4%
86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	149	179	\$415.36	\$416.49	0.3%
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	7	8	\$426.04	\$424.29	-0.4%
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	BRONZE	On	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	BRONZE	On	1	1	\$286.29	\$297.77	4.0%
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	SILVER	On	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	SILVER	On	10	10	\$345.65	\$360.09	4.2%
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	6	7	\$330.89	\$341.86	3.3%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	1,433	1,397	\$532.27	\$534.50	0.4%
86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	1,319	1,328	\$439.15	\$445.15	1.4%
86052DC0480009	BlueChoice HMO Referral Bronze 6500	BRONZE	On	86052DC0460029	BlueChoice HMO Value Bronze 6000	BRONZE	On	373	405	\$267.52	\$297.53	11.2%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	815	847	\$467.56	\$473.66	1.3%
86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	137	147	\$331.37	\$330.02	-0.4%
86052DC0480015	BlueChoice HMO Referral Bronze 8150	BRONZE	On	86052DC0480015	BlueChoice HMO Referral Bronze 8150	BRONZE	On	31	48	\$244.26	\$251.19	2.8%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	1,531	1,463	\$387.03	\$379.32	-2.0%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	367	363	\$347.33	\$356.16	2.5%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	1,457	1,399	\$549.13	\$550.27	0.2%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	1,348	1,380	\$456.53	\$457.62	0.2%
86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	1,519	1,570	\$473.87	\$475.63	0.4%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	BRONZE	On	314	305	\$287.49	\$297.99	3.7%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	106	110	\$366.00	\$367.77	0.5%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	3,509	3,339	\$565.85	\$566.04	0.0%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1))*(1 + (2)) - 1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q21	1.5%	-0.2%	1.3%
3Q21	1.5%	-0.2%	1.3%
4Q21	1.5%	-0.2%	1.3%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2020	2021	% Change
Base Rate	\$267.52	\$297.53	11.2%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$174.96	\$216.30	23.6%

	BlueChoice HMO	
	Referral Bronze	BlueChoice HMO Value Bronze 6000
Base Rate/Product(s)	6500	6000
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFAP-132316088

ON-Exchange

BlueChoice HMO Referral and Open Access

DC/CFBC/SHOP/GC (R. 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/HMO DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/HMO/V BRZ 6000 (1/21)
DC/CFBC/SG/HMO OA CDH/BRZ 6100 (1/21)
DC/CFBC/SG/HMO OA CDH/BRZ 6500 90 (1/21)
DC/CFBC/SG/HMO OA CDH/GOLD 1500 (1/21)
DC/CFBC/SG/HMO OA CDH/GOLD 1500 90 (1/21)
DC/CFBC/SG/HMO OA CDH/SIL 1500 (1/21)
DC/CFBC/SG/HMO OA CDH/SIL 2000 (1/21)
DC/CFBC/SG/HMO OA CDH/SIL 2100 70 (1/21)
DC/CFBC/SG/HMO OA CDH/SIL 3000 (1/21)
DC/CFBC/SG/HMO OA CDH/SIL 3000 70 (1/21)
DC/CFBC/SG/HMO OA/GOLD 500 (1/21)
DC/CFBC/SG/HMO OA/GOLD 1500 (1/21)
DC/CFBC/SG/HMO OA/GOLD 3000 (1/21)
DC/CFBC/SG/HMO OA/PLAT 0 (1/21)
DC/CFBC/SG/HMO OA/SIL 1500 (1/21)
DC/CFBC/SG/HMO OA/SIL 5000 (1/21)
DC/CFBC/SG/HMO REF/BRZ 8150 (1/21)
DC/CFBC/SG/HMO REF/GOLD 0 (1/21)
DC/CFBC/SG/HMO REF/GOLD 500 (1/21)
DC/CFBC/SG/HMO REF/PLAT 0 (1/21)
DC/CFBC/SG/HMO REF/SIL 4000 (1/21)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/HMO (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

HeathyBlue Plus

In-Network

DC/CFBC/SHOP/GC (R. 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/POS IN/PLAT 500 (1/21)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

HeathyBlue Advantage

In-Network

DC/CFBC/SHOP/GC (R. 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/ADV IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/POS IN/PLAT 500 (1/21)
DC/CFBC/ADV/BLCRD (R. 6/18)
DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
DC/CFBC/ANCILLARY AMEND (10/12)
DC/CFBC/SG/AUTH AMEND/ADV (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

BlueChoice Plus (OO-OA)

DC/CFBC/SHOP/GC (R. 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/BC+ OO/PLAT 0 (1/21)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/BCOO (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

Out-of-Network

DC/CF/SHOP/GC (R. 1/19)
DC/CF/SHOP/POS OON/EOC (R. 1/20)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC/CF/SHOP/POS OON/DOCS (R. 1/20)
DC/CF/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SG/POS OON/PLAT 500 (1/21)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

Out-of-Network

DC/CF/SHOP/GC (R. 1/19)
DC/CF/SHOP/POS OON/EOC (R. 1/20)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC/CF/SHOP/POS OON/DOCS (R. 1/20)
DC/CF/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SG/POS OON/PLAT 500 (1/21)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

BlueChoice Plus (OOPOA)**In-Network**

DC/CFBC/SHOP/GC (R 1/19)
 DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/DOL APPEAL (R. 1/17)
 DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20)
 DC/CFBC/SHOP/2021 AMEND (1/21)
 DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 1500 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 2500 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 3000 (1/21)
 DC/CFBC/SG/POS IN/GOLD 500 (1/21)
 DC/CFBC/SG/POS IN/GOLD 1000 (1/21)
 DC/CFBC/BLCRD (R. 6/18)
 DC/CFBC/MEM/BLCRD (R. 6/18)
 DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
 DC/CFBC/PT PROTECT (9/10)
 DC/CFBC/SG/INCENT (R. 1/21)
 DC/CFBC/SHOP/ELIG (R. 1/20)

BlueChoice Advantage**In-Network**

DC/CFBC/SHOP/GC (R 1/19)
 DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/DOL APPEAL (R. 1/17)
 DC/CFBC/SHOP/ADV IN DOCS (R. 1/20)
 DC/CFBC/SHOP/2021 AMEND (1/21)
 DC/CFBC/SG/POS IN/V BRZ 6000 (1/21)
 DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 1500 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 2500 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 3000 (1/21)
 DC/CFBC/SG/POS IN/GOLD 500 (1/21)
 DC/CFBC/SG/POS IN/GOLD 1000 (1/21)
 DC/CFBC/SG/BC ADV IN BF HSA/SIL 1500 (1/21)
 DC/CFBC/SG/POS IN CDH/GOLD 1500 (1/21)
 DC/CFBC/SG/POS IN CDH/GOLD 1500 90 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 2000 (1/21)
 DC/CFBC/SG/POS IN/GOLD 0 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 2100 70 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 3000 70 (1/21)
 DC/CFBC/SG/POS IN/GOLD 3000 (1/21)
 DC/CFBC/SG/POS IN/PLAT 0 (1/21)
 DC/CFBC/SG/POS IN/SIL 4000 (1/21)
 DC/CFBC/SG/POS IN/SIL 5000 (1/21)
 DC/CFBC/ADV/BLCRD (R. 6/18)
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/AUTH AMEND/ADV (1/20)
 DC/CFBC/PT PROTECT (9/10)
 DC/CFBC/SG/INCENT (R. 1/21)
 DC/CFBC/SHOP/ELIG (R. 1/20)

Out-of-Network

DC/CF/SHOP/GC (R 1/19)
 DC/CF/SHOP/POS OON/EOC (R. 1/20)
 DC/GHMSI/DOL APPEAL (R. 1/17)
 DC/CF/SHOP/POS OON/DOCS (R. 1/20)
 DC/CF/SG/POS OON CDH/BRZ 6100 (1/21)
 DC/CF/SG/POS OON CDH/GOLD 1500 (1/21)
 DC/CF/SG/POS OON CDH/SIL 2500 (1/21)
 DC/CF/SG/POS OON CDH/SIL 3000 (1/21)
 DC/CF/SG/POS OON/GOLD 500 (1/21)
 DC/CF/SG/POS OON/GOLD 1000 (1/21)
 DC/CF/BLCRD (R. 6/18)
 DC/CF/MEM/BLCRD (R. 6/18)
 DC/CF/ANCILLARY AMEND (10/12)
 DC/CF/SG/AUTH AMEND/POS OON (1/20)
 DC/CF/PT PROTECT (9/10)
 DC/GHMSI/HEALTH GUARANTEE 8/19
 DC/CF/SHOP/ELIG (R. 1/20)

Out-of-Network

DC/CF/SHOP/GC (R 1/19)
 DC/CF/SHOP/POS OON/EOC (R. 1/20)
 DC/GHMSI/DOL APPEAL (R. 1/17)
 DC/CF/SHOP/POS OON/DOCS (R. 1/20)
 DC/CF/SHOP/POS OON/2021 AMEND (1/21)
 DC/CF/SG/BC ADV OON BF HSA/SIL 1500 (1/21)
 DC/CF/SG/POS OON CDH/BRZ 6100 (1/21)
 DC/CF/SG/POS OON CDH/GOLD 1500 (1/21)
 DC/CF/SG/POS OON CDH/GOLD 1500 90 (1/21)
 DC/CF/SG/POS OON CDH/SIL 1500 (1/21)
 DC/CF/SG/POS OON CDH/SIL 2000 (1/21)
 DC/CF/SG/POS OON CDH/SIL 2100 70 (1/21)
 DC/CF/SG/POS OON CDH/SIL 2500 (1/21)
 DC/CF/SG/POS OON CDH/SIL 3000 (1/21)
 DC/CF/SG/POS OON CDH/SIL 3000 70 (1/21)
 DC/CF/SG/POS OON/V BRZ 6000 (1/21)
 DC/CF/SG/POS OON/GOLD 0 (1/21)
 DC/CF/SG/POS OON/GOLD 500 (1/21)
 DC/CF/SG/POS OON/GOLD 1000 (1/21)
 DC/CF/SG/POS OON/GOLD 3000 (1/21)
 DC/CF/SG/POS OON/PLAT 0 (1/21)
 DC/CF/SG/POS OON/SIL 4000 (1/21)
 DC/CF/SG/POS OON/SIL 5000 (1/21)
 DC/CF/BLCRD (R. 6/18)
 DC/CF/MEM/BLCRD (R. 6/18)
 DC/CF/ANCILLARY AMEND (10/12)
 DC/CF/SG/AUTH AMEND/POS OON (1/20)
 DC/CF/PT PROTECT (9/10)
 DC/GHMSI/HEALTH GUARANTEE 8/19
 DC/CF/SHOP/ELIG (R. 1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Inpatient Hospital	\$3,379,110	\$0	Admits	192
201702	40,960	Inpatient Hospital	\$1,957,824	\$0	Admits	146
201703	40,733	Inpatient Hospital	\$3,122,527	\$0	Admits	150
201704	40,448	Inpatient Hospital	\$2,102,087	\$0	Admits	123
201705	40,383	Inpatient Hospital	\$2,150,429	\$0	Admits	126
201706	40,116	Inpatient Hospital	\$2,875,813	\$0	Admits	208
201707	39,855	Inpatient Hospital	\$2,485,303	\$0	Admits	190
201708	39,736	Inpatient Hospital	\$3,080,174	\$0	Admits	174
201709	39,764	Inpatient Hospital	\$2,629,768	\$0	Admits	174
201710	39,827	Inpatient Hospital	\$1,961,872	\$0	Admits	197
201711	39,597	Inpatient Hospital	\$1,603,888	\$0	Admits	125
201712	39,346	Inpatient Hospital	\$2,315,230	\$0	Admits	176
201801	39,818	Inpatient Hospital	\$2,750,031	\$0	Admits	218
201802	39,872	Inpatient Hospital	\$2,356,741	\$0	Admits	144
201803	39,866	Inpatient Hospital	\$2,474,155	\$0	Admits	142
201804	39,781	Inpatient Hospital	\$2,394,149	\$0	Admits	207
201805	39,765	Inpatient Hospital	\$2,554,159	\$0	Admits	177
201806	40,182	Inpatient Hospital	\$1,949,459	\$0	Admits	155
201807	40,386	Inpatient Hospital	\$3,454,067	\$0	Admits	193
201808	40,701	Inpatient Hospital	\$2,347,196	\$0	Admits	161
201809	40,326	Inpatient Hospital	\$2,391,917	\$0	Admits	165
201810	40,569	Inpatient Hospital	\$2,546,371	\$0	Admits	166
201811	40,509	Inpatient Hospital	\$3,457,092	\$0	Admits	180
201812	41,435	Inpatient Hospital	\$2,929,958	\$0	Admits	161
201901	42,431	Inpatient Hospital	\$2,627,013	\$0	Admits	169
201902	42,697	Inpatient Hospital	\$2,598,845	\$0	Admits	168
201903	42,785	Inpatient Hospital	\$2,909,116	\$0	Admits	168
201904	43,042	Inpatient Hospital	\$3,105,628	\$0	Admits	171
201905	43,059	Inpatient Hospital	\$3,521,767	\$0	Admits	174
201906	43,048	Inpatient Hospital	\$2,680,104	\$0	Admits	173
201907	43,084	Inpatient Hospital	\$2,936,345	\$0	Admits	177
201908	43,062	Inpatient Hospital	\$4,099,180	\$0	Admits	200
201909	43,164	Inpatient Hospital	\$3,454,488	\$0	Admits	170
201910	43,245	Inpatient Hospital	\$4,188,605	\$0	Admits	199
201911	43,257	Inpatient Hospital	\$2,474,920	\$0	Admits	171
201912	43,625	Inpatient Hospital	\$2,871,926	\$0	Admits	179
202001	44,512	Inpatient Hospital	\$3,030,488	\$0	Admits	207
202002	44,747	Inpatient Hospital	\$1,689,714	\$0	Admits	166

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Outpatient Hospital	\$2,251,095	\$0	Visits	2,256
201702	40,960	Outpatient Hospital	\$2,392,181	\$0	Visits	2,218
201703	40,733	Outpatient Hospital	\$2,790,679	\$0	Visits	2,467
201704	40,448	Outpatient Hospital	\$2,885,983	\$0	Visits	2,469
201705	40,383	Outpatient Hospital	\$2,888,750	\$0	Visits	2,533
201706	40,116	Outpatient Hospital	\$2,837,839	\$0	Visits	2,362
201707	39,855	Outpatient Hospital	\$2,489,283	\$0	Visits	2,222
201708	39,736	Outpatient Hospital	\$2,685,972	\$0	Visits	2,502
201709	39,764	Outpatient Hospital	\$2,263,336	\$0	Visits	2,219
201710	39,827	Outpatient Hospital	\$2,799,942	\$0	Visits	2,584
201711	39,597	Outpatient Hospital	\$2,567,209	\$0	Visits	2,474
201712	39,346	Outpatient Hospital	\$2,534,746	\$0	Visits	2,343
201801	39,818	Outpatient Hospital	\$2,818,330	\$0	Visits	2,673
201802	39,872	Outpatient Hospital	\$2,537,132	\$0	Visits	2,384
201803	39,866	Outpatient Hospital	\$2,895,658	\$0	Visits	2,517
201804	39,781	Outpatient Hospital	\$2,835,086	\$0	Visits	2,496
201805	39,765	Outpatient Hospital	\$2,652,108	\$0	Visits	2,569
201806	40,182	Outpatient Hospital	\$2,825,780	\$0	Visits	2,560
201807	40,386	Outpatient Hospital	\$2,698,509	\$0	Visits	2,481
201808	40,701	Outpatient Hospital	\$2,771,858	\$0	Visits	2,492
201809	40,326	Outpatient Hospital	\$2,417,906	\$0	Visits	2,349
201810	40,569	Outpatient Hospital	\$3,433,638	\$0	Visits	2,757
201811	40,509	Outpatient Hospital	\$2,919,440	\$0	Visits	2,548
201812	41,435	Outpatient Hospital	\$3,201,899	\$0	Visits	2,618
201901	42,431	Outpatient Hospital	\$3,449,304	\$0	Visits	2,788
201902	42,697	Outpatient Hospital	\$3,011,285	\$0	Visits	2,468
201903	42,785	Outpatient Hospital	\$3,007,389	\$0	Visits	2,845
201904	43,042	Outpatient Hospital	\$3,640,710	\$0	Visits	2,997
201905	43,059	Outpatient Hospital	\$3,208,202	\$0	Visits	2,887
201906	43,048	Outpatient Hospital	\$2,806,023	\$0	Visits	2,614
201907	43,084	Outpatient Hospital	\$3,052,206	\$0	Visits	2,646
201908	43,062	Outpatient Hospital	\$3,180,819	\$0	Visits	2,695
201909	43,164	Outpatient Hospital	\$2,948,761	\$0	Visits	2,531
201910	43,245	Outpatient Hospital	\$3,489,682	\$0	Visits	2,903
201911	43,257	Outpatient Hospital	\$3,225,797	\$0	Visits	2,308
201912	43,625	Outpatient Hospital	\$3,794,972	\$0	Visits	2,296
202001	44,512	Outpatient Hospital	\$3,546,468	\$0	Visits	2,387
202002	44,747	Outpatient Hospital	\$3,553,616	\$0	Visits	2,415

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Professional	\$4,826,882	\$0	Visits	33,948
201702	40,960	Professional	\$4,551,275	\$0	Visits	31,409
201703	40,733	Professional	\$5,074,593	\$0	Visits	35,465
201704	40,448	Professional	\$4,489,118	\$0	Visits	30,900
201705	40,383	Professional	\$5,001,252	\$0	Visits	34,238
201706	40,116	Professional	\$4,971,347	\$0	Visits	33,554
201707	39,855	Professional	\$4,604,657	\$0	Visits	30,793
201708	39,736	Professional	\$5,148,392	\$0	Visits	34,362
201709	39,764	Professional	\$4,949,000	\$0	Visits	32,726
201710	39,827	Professional	\$5,287,700	\$0	Visits	36,381
201711	39,597	Professional	\$4,960,203	\$0	Visits	33,557
201712	39,346	Professional	\$4,663,350	\$0	Visits	29,956
201801	39,818	Professional	\$5,734,166	\$0	Visits	37,866
201802	39,872	Professional	\$4,967,781	\$0	Visits	33,026
201803	39,866	Professional	\$5,312,106	\$0	Visits	34,652
201804	39,781	Professional	\$5,137,872	\$0	Visits	34,232
201805	39,765	Professional	\$5,386,335	\$0	Visits	35,428
201806	40,182	Professional	\$5,481,222	\$0	Visits	34,093
201807	40,386	Professional	\$5,190,331	\$0	Visits	33,621
201808	40,701	Professional	\$5,619,722	\$0	Visits	36,496
201809	40,326	Professional	\$4,935,905	\$0	Visits	33,516
201810	40,569	Professional	\$6,094,149	\$0	Visits	41,947
201811	40,509	Professional	\$5,523,901	\$0	Visits	36,630
201812	41,435	Professional	\$5,270,946	\$0	Visits	33,206
201901	42,431	Professional	\$6,520,354	\$0	Visits	42,036
201902	42,697	Professional	\$5,554,055	\$0	Visits	36,084
201903	42,785	Professional	\$6,035,738	\$0	Visits	40,240
201904	43,042	Professional	\$6,116,320	\$0	Visits	40,029
201905	43,059	Professional	\$6,075,699	\$0	Visits	40,911
201906	43,048	Professional	\$5,721,414	\$0	Visits	37,083
201907	43,084	Professional	\$6,073,011	\$0	Visits	39,278
201908	43,062	Professional	\$6,212,020	\$0	Visits	40,186
201909	43,164	Professional	\$6,014,787	\$0	Visits	39,798
201910	43,245	Professional	\$7,104,602	\$0	Visits	47,105
201911	43,257	Professional	\$6,066,847	\$0	Visits	40,457
201912	43,625	Professional	\$6,137,813	\$0	Visits	39,117
202001	44,512	Professional	\$7,493,350	\$0	Visits	49,447
202002	44,747	Professional	\$8,266,009	\$0	Visits	57,685

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Other Medical	\$624,624	\$0	Services	3,090
201702	40,960	Other Medical	\$797,776	\$0	Services	3,245
201703	40,733	Other Medical	\$818,558	\$0	Services	3,439
201704	40,448	Other Medical	\$736,674	\$0	Services	3,381
201705	40,383	Other Medical	\$751,056	\$0	Services	3,316
201706	40,116	Other Medical	\$753,372	\$0	Services	3,453
201707	39,855	Other Medical	\$761,253	\$0	Services	3,168
201708	39,736	Other Medical	\$827,314	\$0	Services	4,337
201709	39,764	Other Medical	\$754,243	\$0	Services	3,488
201710	39,827	Other Medical	\$890,503	\$0	Services	4,003
201711	39,597	Other Medical	\$814,276	\$0	Services	3,852
201712	39,346	Other Medical	\$811,467	\$0	Services	4,019
201801	39,818	Other Medical	\$915,318	\$0	Services	3,923
201802	39,872	Other Medical	\$811,579	\$0	Services	3,782
201803	39,866	Other Medical	\$970,187	\$0	Services	4,250
201804	39,781	Other Medical	\$880,963	\$0	Services	4,227
201805	39,765	Other Medical	\$930,072	\$0	Services	4,047
201806	40,182	Other Medical	\$1,010,907	\$0	Services	4,296
201807	40,386	Other Medical	\$979,123	\$0	Services	4,153
201808	40,701	Other Medical	\$1,089,253	\$0	Services	4,703
201809	40,326	Other Medical	\$1,091,451	\$0	Services	3,910
201810	40,569	Other Medical	\$1,130,175	\$0	Services	4,645
201811	40,509	Other Medical	\$1,121,238	\$0	Services	4,346
201812	41,435	Other Medical	\$915,933	\$0	Services	4,063
201901	42,431	Other Medical	\$1,119,831	\$0	Services	4,610
201902	42,697	Other Medical	\$1,034,659	\$0	Services	3,912
201903	42,785	Other Medical	\$1,241,248	\$0	Services	4,386
201904	43,042	Other Medical	\$1,199,516	\$0	Services	4,977
201905	43,059	Other Medical	\$1,202,329	\$0	Services	4,735
201906	43,048	Other Medical	\$1,010,071	\$0	Services	4,483
201907	43,084	Other Medical	\$1,072,535	\$0	Services	4,610
201908	43,062	Other Medical	\$1,133,261	\$0	Services	5,027
201909	43,164	Other Medical	\$954,947	\$0	Services	3,921
201910	43,245	Other Medical	\$1,154,900	\$0	Services	4,226
201911	43,257	Other Medical	\$998,000	\$0	Services	2,720
201912	43,625	Other Medical	\$992,354	\$0	Services	2,715
202001	44,512	Other Medical	\$1,129,593	\$0	Services	3,127
202002	44,747	Other Medical	\$1,054,169	\$0	Services	3,213

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Prescription Drug	\$3,880,817	\$544,362	Scripts	26,529
201702	40,960	Prescription Drug	\$3,913,363	\$538,881	Scripts	24,826
201703	40,733	Prescription Drug	\$4,539,610	\$640,350	Scripts	27,570
201704	40,448	Prescription Drug	\$3,908,953	\$572,922	Scripts	25,102
201705	40,383	Prescription Drug	\$4,523,876	\$647,757	Scripts	26,921
201706	40,116	Prescription Drug	\$4,601,332	\$648,316	Scripts	25,821
201707	39,855	Prescription Drug	\$4,124,620	\$616,667	Scripts	24,758
201708	39,736	Prescription Drug	\$4,522,143	\$684,780	Scripts	25,984
201709	39,764	Prescription Drug	\$4,250,547	\$626,875	Scripts	24,349
201710	39,827	Prescription Drug	\$4,408,601	\$634,591	Scripts	26,172
201711	39,597	Prescription Drug	\$4,265,662	\$629,605	Scripts	25,824
201712	39,346	Prescription Drug	\$4,294,695	\$563,848	Scripts	25,628
201801	39,818	Prescription Drug	\$4,584,525	\$713,654	Scripts	27,329
201802	39,872	Prescription Drug	\$4,282,075	\$686,544	Scripts	24,443
201803	39,866	Prescription Drug	\$4,634,012	\$753,239	Scripts	26,299
201804	39,781	Prescription Drug	\$4,379,889	\$707,161	Scripts	25,576
201805	39,765	Prescription Drug	\$4,897,018	\$754,765	Scripts	26,533
201806	40,182	Prescription Drug	\$4,803,608	\$727,349	Scripts	25,875
201807	40,386	Prescription Drug	\$4,646,622	\$708,734	Scripts	25,654
201808	40,701	Prescription Drug	\$4,888,099	\$727,141	Scripts	26,607
201809	40,326	Prescription Drug	\$4,138,822	\$650,891	Scripts	24,095
201810	40,569	Prescription Drug	\$4,779,032	\$673,635	Scripts	27,454
201811	40,509	Prescription Drug	\$4,605,551	\$638,759	Scripts	26,112
201812	41,435	Prescription Drug	\$4,479,552	\$579,837	Scripts	26,532
201901	42,431	Prescription Drug	\$4,843,018	\$783,537	Scripts	28,064
201902	42,697	Prescription Drug	\$4,309,418	\$737,858	Scripts	25,334
201903	42,785	Prescription Drug	\$4,768,363	\$842,611	Scripts	27,886
201904	43,042	Prescription Drug	\$4,982,648	\$869,575	Scripts	27,942
201905	43,059	Prescription Drug	\$5,020,554	\$869,034	Scripts	28,466
201906	43,048	Prescription Drug	\$4,583,561	\$833,360	Scripts	26,246
201907	43,084	Prescription Drug	\$5,189,206	\$934,706	Scripts	27,669
201908	43,062	Prescription Drug	\$4,926,052	\$917,606	Scripts	27,319
201909	43,164	Prescription Drug	\$4,868,399	\$886,189	Scripts	25,988
201910	43,245	Prescription Drug	\$5,171,394	\$974,224	Scripts	28,113
201911	43,257	Prescription Drug	\$4,606,575	\$908,976	Scripts	26,570
201912	43,625	Prescription Drug	\$5,356,273	\$968,522	Scripts	28,720
202001	44,512	Prescription Drug	\$4,842,264	\$896,322	Scripts	29,771
202002	44,747	Prescription Drug	\$5,045,219	\$961,827	Scripts	29,167

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Capitations	\$52,854	\$0	Benefit Period	41,362
201702	40,960	Capitations	\$51,779	\$0	Benefit Period	40,960
201703	40,733	Capitations	\$51,213	\$0	Benefit Period	40,733
201704	40,448	Capitations	\$50,462	\$0	Benefit Period	40,448
201705	40,383	Capitations	\$50,023	\$0	Benefit Period	40,383
201706	40,116	Capitations	\$49,428	\$0	Benefit Period	40,116
201707	39,855	Capitations	\$48,824	\$0	Benefit Period	39,855
201708	39,736	Capitations	\$48,452	\$0	Benefit Period	39,736
201709	39,764	Capitations	\$48,180	\$0	Benefit Period	39,764
201710	39,827	Capitations	\$47,916	\$0	Benefit Period	39,827
201711	39,597	Capitations	\$47,366	\$0	Benefit Period	39,597
201712	39,346	Capitations	\$46,776	\$0	Benefit Period	39,346
201801	39,818	Capitations	\$32,396	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$32,239	\$0	Benefit Period	39,872
201803	39,866	Capitations	\$32,198	\$0	Benefit Period	39,866
201804	39,781	Capitations	\$31,908	\$0	Benefit Period	39,781
201805	39,765	Capitations	\$31,536	\$0	Benefit Period	39,765
201806	40,182	Capitations	\$31,642	\$0	Benefit Period	40,182
201807	40,386	Capitations	\$31,643	\$0	Benefit Period	40,386
201808	40,701	Capitations	\$31,709	\$0	Benefit Period	40,701
201809	40,326	Capitations	\$31,178	\$0	Benefit Period	40,326
201810	40,569	Capitations	\$31,079	\$0	Benefit Period	40,569
201811	40,509	Capitations	\$30,722	\$0	Benefit Period	40,509
201812	41,435	Capitations	\$31,011	\$0	Benefit Period	41,435
201901	42,431	Capitations	\$42,767	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,879	\$0	Benefit Period	42,697
201903	42,785	Capitations	\$43,040	\$0	Benefit Period	42,785
201904	43,042	Capitations	\$43,218	\$0	Benefit Period	43,042
201905	43,059	Capitations	\$42,972	\$0	Benefit Period	43,059
201906	43,048	Capitations	\$42,785	\$0	Benefit Period	43,048
201907	43,084	Capitations	\$42,697	\$0	Benefit Period	43,084
201908	43,062	Capitations	\$42,639	\$0	Benefit Period	43,062
201909	43,164	Capitations	\$42,686	\$0	Benefit Period	43,164
201910	43,245	Capitations	\$42,589	\$0	Benefit Period	43,245
201911	43,257	Capitations	\$42,386	\$0	Benefit Period	43,257
201912	43,625	Capitations	\$42,493	\$0	Benefit Period	43,625
202001	44,512	Capitations	\$45,100	\$0	Benefit Period	44,512
202002	44,747	Capitations	\$45,260	\$0	Benefit Period	44,747

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201701	41,362	26,983	\$15,015,381	\$544,362	\$14,471,019	\$11,922,369	\$16,519,566	72.2%
201702	40,960	26,681	\$13,664,198	\$538,881	\$13,125,318	\$10,898,369	\$16,372,725	66.6%
201703	40,733	26,498	\$16,397,179	\$640,350	\$15,756,829	\$13,349,594	\$16,322,073	81.8%
201704	40,448	26,275	\$14,173,277	\$572,922	\$13,600,355	\$11,591,064	\$16,280,205	71.2%
201705	40,383	26,205	\$15,365,385	\$647,757	\$14,717,628	\$12,579,471	\$16,255,294	77.4%
201706	40,116	25,975	\$16,089,132	\$648,316	\$15,440,815	\$13,347,958	\$16,224,814	82.3%
201707	39,855	25,733	\$14,513,940	\$616,667	\$13,897,272	\$11,939,431	\$16,165,747	73.9%
201708	39,736	25,607	\$16,312,448	\$684,780	\$15,627,668	\$13,567,702	\$16,160,501	84.0%
201709	39,764	25,542	\$14,895,073	\$626,875	\$14,268,198	\$12,379,434	\$16,204,812	76.4%
201710	39,827	25,549	\$15,396,533	\$634,591	\$14,761,942	\$12,683,836	\$16,267,833	78.0%
201711	39,597	25,409	\$14,258,604	\$629,605	\$13,629,000	\$11,609,756	\$16,234,123	71.5%
201712	39,346	25,177	\$14,666,263	\$563,848	\$14,102,415	\$11,869,304	\$16,394,061	72.4%
201801	39,818	25,624	\$16,834,766	\$713,654	\$16,121,112	\$13,215,218	\$16,839,433	78.5%
201802	39,872	25,653	\$14,987,547	\$686,544	\$14,301,003	\$11,915,653	\$17,129,525	69.6%
201803	39,866	25,659	\$16,318,316	\$753,239	\$15,565,077	\$13,230,799	\$17,123,092	77.3%
201804	39,781	25,616	\$15,659,866	\$707,161	\$14,952,705	\$12,676,409	\$17,153,206	73.9%
201805	39,765	25,544	\$16,451,229	\$754,765	\$15,696,463	\$13,429,117	\$17,178,140	78.2%
201806	40,182	25,708	\$16,102,617	\$727,349	\$15,375,268	\$13,183,997	\$17,489,965	75.4%
201807	40,386	25,747	\$17,000,295	\$708,734	\$16,291,561	\$14,161,696	\$17,616,363	80.4%
201808	40,701	25,903	\$16,747,836	\$727,141	\$16,020,695	\$13,792,009	\$17,730,037	77.8%
201809	40,326	25,672	\$15,007,179	\$650,891	\$14,356,288	\$12,300,393	\$17,641,115	69.7%
201810	40,569	25,807	\$18,014,445	\$673,635	\$17,340,810	\$14,988,296	\$17,769,549	84.3%
201811	40,509	25,772	\$17,657,945	\$638,759	\$17,019,185	\$14,795,823	\$17,900,267	82.7%
201812	41,435	26,200	\$16,829,299	\$579,837	\$16,249,462	\$13,815,592	\$18,369,479	75.2%
201901	42,431	27,057	\$18,602,287	\$783,537	\$17,818,749	\$14,713,784	\$19,087,752	77.1%
201902	42,697	27,248	\$16,551,142	\$737,858	\$15,813,283	\$13,288,428	\$19,197,023	69.2%
201903	42,785	27,336	\$18,004,894	\$842,611	\$17,162,283	\$14,538,138	\$19,246,459	75.5%
201904	43,042	27,499	\$19,088,040	\$869,575	\$18,218,465	\$15,691,230	\$19,418,544	80.8%
201905	43,059	27,487	\$19,071,523	\$869,034	\$18,202,488	\$15,684,861	\$19,394,365	80.9%
201906	43,048	27,412	\$16,843,957	\$833,360	\$16,010,597	\$13,711,704	\$19,537,201	70.2%
201907	43,084	27,405	\$18,366,000	\$934,706	\$17,431,294	\$14,957,750	\$19,539,425	76.6%
201908	43,062	27,415	\$19,593,972	\$917,606	\$18,676,366	\$16,291,690	\$19,621,807	83.0%
201909	43,164	27,441	\$18,284,067	\$886,189	\$17,397,879	\$15,139,394	\$19,696,813	76.9%
201910	43,245	27,477	\$21,151,773	\$974,224	\$20,177,549	\$17,656,567	\$19,800,976	89.2%
201911	43,257	27,468	\$17,414,524	\$908,976	\$16,505,548	\$14,223,502	\$19,904,511	71.5%
201912	43,625	27,621	\$19,195,832	\$968,522	\$18,227,310	\$15,414,249	\$20,452,124	75.4%
202001	44,512	28,404	\$20,087,264	\$896,322	\$19,190,943	\$15,586,945	\$21,267,867	73.3%
202002	44,747	28,555	\$19,653,988	\$961,827	\$18,692,161	\$15,026,970	\$21,386,776	70.3%

DC BlueChoice Small Group & Individual Combined (Small Group)

Exhibit 1 - Market Adjusted Index Rate Summary

		2021	2020	% Change
(1)	Base Period Total Allowed	\$ 409.76	\$ 390.36	5.0%
(2)	Base Period Non-EHB PMPM	\$ 0.29	\$ 0.34	-14.4%
(3)	Experience Period Index Rate	\$ 409.47	\$ 390.02	5.0%
(4)	Change in Morbidity	0.993	1.006	-1.3%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	0.999	1.004	-0.5%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	1.010	0.992	1.7%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	1.001	1.000	0.1%
(11)	Annualized Trend	6.0%	7.0%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.124	1.145	-1.9%
(14)	Projection Period Index Rate	\$ 460.93	\$ 447.25	3.1%
(15)	Risk Adjustment Program	1.062	1.055	0.7%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 489.73	\$ 471.97	3.8%
	Without Risk Adjustment	\$ 460.93	\$ 447.25	3.1%
	Base Rate Change	1.1%	12.8%	

2021 DC Small Group BlueChoice
Plan Adjusted Index Rate Changes

Index	2020 HIOS Plan ID	2020 Plan Name	Type	Metallic Tier	On/Off	December 2020 Projected Members	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Admin			Age Calibration			Total Change					
							2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change
							1	86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	3,867	\$489.73	\$471.97	3.76%	0.801	0.795	0.83%	1.069	1.068	0.09%	1.000	0.994	0.60%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961
2	86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	3,575	\$489.73	\$471.97	3.76%	0.829	0.823	0.79%	1.069	1.068	0.09%	1.000	0.994	0.60%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$530.42	523.570	1.3%			
3	86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	3,201	\$489.73	\$471.97	3.76%	0.927	0.927	0.03%	1.069	1.068	0.09%	1.065	1.059	0.57%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$631.55	628.320	0.5%			
4	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	1,461	\$489.73	\$471.97	3.76%	0.706	0.711	-0.73%	1.069	1.068	0.09%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$430.93	431.760	-0.2%			
5	86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	1,520	\$489.73	\$471.97	3.76%	0.899	0.894	0.53%	1.069	1.068	0.09%	1.065	1.059	0.57%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$612.51	606.350	1.0%			
6	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	BRONZE	On	440	\$489.73	\$471.97	3.76%	0.581	0.554	4.73%	1.069	1.068	0.09%	0.926	0.921	0.54%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$344.00	326.960	5.2%			
7	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	437	\$489.73	\$471.97	3.76%	0.671	0.645	3.97%	1.069	1.068	0.09%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$409.24	391.460	4.5%			
8	86052DC0440020	BlueChoice Advantage Bronze 6500	POS	BRONZE	On	130	\$489.73	\$471.97	3.76%	0.586	0.565	3.72%	1.069	1.068	0.09%	0.926	0.921	0.54%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$346.91	332.960	4.2%			
9	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	959	\$489.73	\$471.97	3.76%	0.780	0.769	1.45%	1.069	1.068	0.09%	1.000	0.994	0.60%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$498.75	489.100	2.0%			
10	86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	167	\$489.73	\$471.97	3.76%	0.670	0.663	0.95%	1.069	1.068	0.09%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$408.64	402.620	1.5%			
11	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	865	\$489.73	\$471.97	3.76%	0.707	0.710	-0.51%	1.069	1.068	0.09%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$431.40	431.230	0.0%			
12	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	SILVER	On	287	\$489.73	\$471.97	3.76%	0.695	0.676	2.86%	1.069	1.068	0.09%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$424.11	410.080	3.4%			
13	86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	65	\$489.73	\$471.97	3.76%	0.683	0.677	0.99%	1.069	1.068	0.09%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$416.96	410.640	1.5%			
14	86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	341	\$489.73	\$471.97	3.76%	0.742	0.742	-0.02%	1.069	1.068	0.09%	1.000	0.994	0.60%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$474.67	472.320	0.5%			
15	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS	SILVER	On	888	\$489.73	\$471.97	3.76%	0.695	0.678	2.52%	1.069	1.068	0.09%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$424.11	411.440	3.1%			
16	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS	GOLD	On	15	\$489.73	\$471.97	3.76%	0.760	0.766	-0.80%	1.069	1.068	0.09%	1.000	0.994	0.60%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$485.99	487.400	-0.3%			
17	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	HMO	SILVER	On	4	\$489.73	\$471.97	3.76%	0.681	0.657	3.66%	1.069	1.068	0.09%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$415.42	398.570	4.2%			
18	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	HMO	SILVER	On	3	\$489.73	\$471.97	3.76%	0.649	0.632	2.74%	1.069	1.068	0.09%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$396.14	383.480	3.3%			
19	86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	1,187	\$489.73	\$471.97	3.76%	0.773	0.775	-0.34%	0.953	0.954	-0.10%	1.000	0.994	0.60%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$440.60	440.720	0.0%			
20	86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	1,373	\$489.73	\$471.97	3.76%	0.822	0.815	0.92%	0.953	0.954	-0.10%	1.000	0.994	0.60%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$469.07	469.840	1.2%			
21	86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	1,825	\$489.73	\$471.97	3.76%	0.925	0.924	0.03%	0.953	0.954	-0.10%	1.065	1.059	0.57%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$561.57	553.360	0.3%			
22	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	702	\$489.73	\$471.97	3.76%	0.692	0.696	-0.61%	0.953	0.954	-0.10%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$376.57	377.580	-0.3%			
23	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	838	\$489.73	\$471.97	3.76%	0.679	0.660	2.78%	0.953	0.954	-0.10%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$369.15	357.910	3.1%			
24	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	BRONZE	On	441	\$489.73	\$471.97	3.76%	0.558	0.530	5.29%	0.953	0.954	-0.10%	0.926	0.921	0.54%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$294.55	279.030	5.6%			
25	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	315	\$489.73	\$471.97	3.76%	0.651	0.623	4.41%	0.953	0.954	-0.10%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$354.13	338.000	4.8%			
26	86052DC0460020	BlueChoice HMO Silver 1500	HMO	SILVER	On	844	\$489.73	\$471.97	3.76%	0.666	0.656	1.67%	0.953	0.954	-0.10%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$362.59	355.420	2.0%			
27	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	327	\$489.73	\$471.97	3.76%	0.765	0.753	1.60%	0.953	0.954	-0.10%	1.000	0.994	0.60%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$436.21	428.000	1.9%			
28	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	SILVER	On	93	\$489.73	\$471.97	3.76%	0.679	0.657	3.22%	0.953	0.954	-0.10%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$369.15	356.400	3.6%			
29	86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	91	\$489.73	\$471.97	3.76%	0.668	0.661	1.07%	0.953	0.954	-0.10%	0.954	0.948	0.63%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$363.57	358.490	1.4%			
30	86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	179	\$489.73	\$471.97	3.76%	0.730	0.731	-0.04%	0.953	0.954	-0.10%	1.000	0.994	0.60%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$416.49	415.360	0.3%			
31	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	HMO	GOLD	On	8	\$489.73	\$471.97	3.76%	0.744	0.749	-0.72%	0.953	0.954	-0.10%	1.000	0.994	0.60%	1.000	1.000	0.00%	1.0002	1.0003	-0.01%	1.295	1.322	-2.00%	0.943	0.961	-1.83%	\$424.29	426.040	-0.4%			
32	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	HMO	BRONZE	On	1	\$489.73	\$471.97	3.76%	0.564</																										

Key Drivers:

- 1.) Deterioration in the base period experience of the combined pool.
- 2.) Removal of the Health Insurer Fee in 2020.
- 3.) Increase in the contribution to reserve.

CareFirst BlueCross BlueShield

Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Small Groups (On Exchange)
- **Effective Date:** 1/1/21 and quarterly incremental "trend" increases effective 4/1/21, 7/1/21 and 10/1/21.
- **Company Filing Number:** 2436
- **SERFF Filing Number:** CFAP-132316088

Company Contact Information:

- **Primary Contact Name:** Mr. Gregory Sucher, FSA, MAAA
- **Primary Contact Telephone Number:** 410-998-5988
- **Primary Contact E-Mail Address:** Gregory.Sucher@CareFirst.com

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 1.1% on average for 1Q21. The range is 2.0% to 11.2%. The estimated average base rate changes for 2Q21, 3Q21, and 4Q21 are 0.9%, 0.7% and 0.5%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 24,873.

Reason for Rate Change(s):

The main drivers supporting the rate change are the increase in the base period experience of the combined pool, elimination of the Health Insurer Fee in 2021, and an increase in the contribution to reserve.

For our initial submission, we have not adjusted 2021 rates to reflect potential impacts of the COVID-19 pandemic. As of today, we are still in the early stages of this event and it is unclear how the emerging experience will impact rates either positively or negatively. We intend to update assumptions as appropriate as experience emerges during the review process. Possible considerations that could move rates either way include, but are not limited to:

- Impacts on 2021 trend due to deferred care
- Impacts on trend or future deferred care due to potential COVID resurgence in the fall of 2020
- Positive or negative impacts on the risk pool due to economic impact on groups and individual members
- Positive or negative impacts on the single risk pool due to special enrollment periods
- Changes to practice patterns such as a permanent increase in the utilization of telemedicine
- Impact on morbidity or mortality due to postponement of chronic care management
- Segment shifts from Group to Individual to Medicaid

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/19 through 12/31/19, as required.

Paid Through Date: 2/29/20

Current Date: 2/29/20

Premiums (prior to MLR rebates) in Experience Period: \$234,897,002

Experience Period Member Months: 516,499

Current Date Members: 44,742

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$211,641,810
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,775,960

Incurred Claims

- **Processed through issuer's claim system:** \$181,311,295
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,509,567

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 6.0%, which is a decrease compared to the 7.0% trend assumed in our prior filing. Current observed medical trends as of 201912 are 7.3%, down from 10.0% in 201812. The current observed drug trends are -0.5% as of 201912, down from 7.3% in 201812.

We note that the current drug observed trend as of 201912 is slightly depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201912 is 1.4%. The adjusted aggregate medical and drug trend is 5.7%.

When normalized for induced demand, network, and demographics, the composite 5.7% observed trend decreases to 5.6% compared to 6.9% in 201812.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2021 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2020) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2021) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2019 to 2021 is expected to be -0.7%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates. The formulary adjustment is needed given the change from a 4-tier to a 5-tier benefit design that occurred on a group's renewal in 2019. As a result, each incurred month's experience must be adjusted to account for the proportion of groups still using the prior tier structure at that time.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2022 for our first quarter 2021 Index Rate Projection since business may be sold with this rate through 3/31/2021 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$409.47 and the projection period index rate is \$460.93. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

Small Group Quarterly Rate Filings

This filing is an annual submission and includes scheduled quarterly trend increases.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$489.73 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2021 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2019 to 2021, we have assumed an increase in the statewide premium of 9.5% which reflects an estimate of an average 8.4% increase in 2020 and 1.0% increase in 2021. We have assumed that our market share will increase slightly from 79.0% in 2020 to 79.5% in 2021. We have assumed that our PLRS ratio to the state will improve from 1.020 in 2019 to 1.015 in 2021. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Small Group market will increase from -\$15.68 in 2018 to -\$23.93 in 2021.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The URRT instructions state that this adjustment may "...take into account the benefit differences and *utilization differences due to differences in cost-sharing.*" As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** There are 5 types of network factors: Lock In/Referral, Open Access, Open Access Opt-Out, Open Access Plus, and Open Access Advantage.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 1. Administrative Expense (G&A)
 2. Broker Commissions & Fees
 3. Federal Income Tax (FIT)
 4. Contribution to Reserve (Post-Tax)
 5. State Premium Tax
 6. Health Insurer Fee (HIF) – was removed for 2021 & 2022
 7. PCORI Fee
 8. Risk Adjustment User Fee
 9. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found in Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 80.1% for the Small Group market and 80.4% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2021 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 84% of the designated services are rendered in higher cost-share setting and the remaining 16% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/29/20 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

4.6.3 Terminated Plans and Products

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

4.6.4 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

**BlueChoice Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)**

**Rate Filing # 2436
D.C. Small Group Products
Rate Filing Effective 1/1/2021**

Actuarial Memorandum

BlueChoice Inc.
(NAIC # 96202)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)

D.C. Small Group Products

Rate Filing Effective 1/1/2021

Actuarial Certification

I, Gregory Sucher, am a(n) Actuary with CareFirst BlueChoice doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. Consistent with 45 CFR § 156.135, the 2021 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Digitally signed by Gregory
Gregory Sucher
Sucher
Date: 2020.05.01 11:17:49
-04'00'

Gregory Sucher, FSA, MAAA
Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Table of Contents

Page	Exhibit Name/Description
1	Cover Page
2	Actuarial Certification
3	Table of Contents
4	Exhibit 1 - Summary
5	Exhibit 2 - Base Period Allowed
6	Exhibit 3 - Non-EHB
7	Exhibit 4 - Morbidity
8	Exhibit 5 - Induced Demand
9	Exhibit 6 - Demographics
10	Exhibit 7 - Other Adjustments
11	Exhibit 8 - Trend
12	Exhibit 9 - Risk Adjustment
13	Exhibit 10A - Desired Loss Ratio
14	Exhibit 10B - Federal MLR
15	Exhibit 10B - Federal Combined MLR
16	Exhibit 11 - Plan Adjusted Index Rates
17	Exhibit 12 - HHS Actuarial Values
18	Exhibit 13 - Age Calibration
19	Exhibit 14 - Age Factors
20	Exhibit 15 - Induced Utilization Factors
21	Appendix - Network Factors
22	Appendix - HIOS ID Mappings
23	Appendix - Rate Changes
24	Appendix - Quarterly Changes
25	Appendix - Max Renewal
26 - 27	Appendix - Form Numbers
28 - 33	Appendix - Experience by Service Category
34	Appendix - Total Experience

Exhibit 1 - Market Adjusted Index Rate Summary

		2021	Exhibit
(1)	Base Period Total Allowed	\$ 409.76	2
(2)	Base Period Non-EHB PMPM	\$ 0.29	2
(3)	Experience Period Index Rate	\$ 409.47	
(4)	Change in Morbidity	0.9927	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9988	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0096	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0007	7
(11)	Annualized Trend	6.0%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1237	
(14)	Projection Period Index Rate	\$ 460.93	
(15)	Risk Adjustment Program	1.0625	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 489.73	
	Without Risk Adjustment	\$ 460.93	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 37,467,938		\$ 72.54	Admits	49.21	\$ 17,691.08
Outpatient Hospital	\$ 38,815,149		\$ 75.15	Visits	743.00	\$ 1,213.74
Professional	\$ 73,632,659		\$ 142.56	Visits	11,205.99	\$ 152.66
Other Medical	\$ 13,113,651		\$ 25.39	Services	1,169.16	\$ 260.59
Capitation	\$ 513,152		\$ 0.99	Benefit Period	1,000	\$ 11.92
Prescription Drug	\$ 48,099,261		\$ 93.13	Prescriptions	7,627.90	\$ 146.50
Total (EHB & Non-EHB)	\$ 211,641,810		\$ 409.76			
EHB Allowed	\$ 211,490,911		\$ 409.47			
Non-EHB Allowed	\$ 150,899		\$ 0.29			
Incurred Net	\$ 181,311,295		\$ 351.04			
Net/Allowed			85.67%			
Experience Period Member Months			516,499			
Experience Period Revenue	\$ 234,897,002					

Exhibit 3 - Non-EHB Adjustment

		2021 On-Exchange	2021 Off-Exchange	
(1)	Blended Index Rate	\$ 472.00	\$ 472.00	
(2)	Non-EHB PMPM	\$ 0.10	\$ 0.10	
(3)	Total	\$ 472.10	\$ 472.10	
(4)	Plan Level Adjustment	1.0002	1.0002	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2019 Normalized Allowed PMPM
Catastrophic	7,648	\$ 103.58
Bronze	41,874	\$ 126.34
Silver	121,348	\$ 198.62
Gold	187,032	\$ 226.22
Platinum	158,537	\$ 247.94
Subtotal	516,439	\$ 216.49

Current Year YTD

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	818	\$ 117.12	1.000	\$ 117.12
Bronze	5,772	\$ 128.94	1.000	\$ 128.94
Silver	17,261	\$ 196.56	1.000	\$ 196.56
Gold	26,034	\$ 220.47	1.000	\$ 220.47
Platinum	21,697	\$ 246.15	1.000	\$ 246.15
Subtotal	71,582	\$ 213.93	1.000	\$ 213.93

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	411	\$ 117.12	1.000	\$ 117.12
Bronze	1,334	\$ 128.94	1.000	\$ 128.94
Silver	2,808	\$ 196.56	1.000	\$ 196.56
Gold	5,468	\$ 220.47	1.000	\$ 220.47
Platinum	2,976	\$ 246.15	1.000	\$ 246.15
Subtotal	12,997	\$ 208.52	1.000	\$ 208.52

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	62	\$ 132.44	1.000	\$ 132.44
Bronze	474	\$ 140.00	1.000	\$ 140.00
Silver	769	\$ 192.23	1.000	\$ 192.23
Gold	1,790	\$ 284.72	1.000	\$ 284.72
Platinum	1,467	\$ 270.14	1.000	\$ 270.14
Subtotal	4,562	\$ 247.34	1.000	\$ 247.34

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	1,291	\$ 117.86	1.000	\$ 117.86
Bronze	7,580	\$ 129.63	1.000	\$ 129.63
Silver	20,838	\$ 196.40	1.000	\$ 196.40
Gold	33,292	\$ 223.92	1.000	\$ 223.92
Platinum	26,140	\$ 247.50	1.000	\$ 247.50
Subtotal	89,141	\$ 214.85	1.000	\$ 214.85

Remainder of Current Year

Existing				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM		
Catastrophic	3,494	\$ 117.12		
Bronze	27,119	\$ 128.94		
Silver	85,518	\$ 196.56		
Gold	134,767	\$ 220.47		
Platinum	109,095	\$ 246.15		
Subtotal	359,993	\$ 214.67		

New				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM		
Catastrophic	2,723	\$ 117.12		
Bronze	7,945	\$ 128.94		
Silver	14,496	\$ 196.56		
Gold	26,473	\$ 220.47		
Platinum	13,527	\$ 246.15		
Subtotal	65,164	\$ 205.00		

Transfer				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM		
Catastrophic	310	\$ 132.44		
Bronze	2,215	\$ 140.00		
Silver	3,304	\$ 192.23		
Gold	7,207	\$ 284.72		
Platinum	6,464	\$ 270.14		
Subtotal	19,500	\$ 245.36		

Total				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM		
Catastrophic	6,527	\$ 117.85		
Bronze	37,279	\$ 129.60		
Silver	103,318	\$ 196.42		
Gold	168,447	\$ 223.22		
Platinum	129,086	\$ 247.35		
Subtotal	444,657	\$ 214.60		

Total Current Year

Total	Member Months	2020 Adjusted Normalized Allowed PMPM
Catastrophic	7,818	\$ 117.85
Bronze	44,859	\$ 129.60
Silver	124,156	\$ 196.42
Gold	201,739	\$ 223.34
Platinum	155,226	\$ 247.38
Subtotal	533,798	\$ 214.64

Rating Year

Existing				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	6,125	\$ 117.85	1.000	\$ 117.85
Bronze	36,505	\$ 129.60	1.000	\$ 129.60
Silver	103,691	\$ 196.42	1.000	\$ 196.42
Gold	177,541	\$ 223.34	1.000	\$ 223.34
Platinum	130,318	\$ 247.38	1.000	\$ 247.38
Subtotal	454,180	\$ 215.13	1.000	\$ 215.13

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	2,654	\$ 117.85	1.000	\$ 117.85
Bronze	8,618	\$ 129.60	1.000	\$ 129.60
Silver	17,728	\$ 196.42	1.000	\$ 196.42
Gold	34,389	\$ 223.34	1.000	\$ 223.34
Platinum	18,551	\$ 247.38	1.000	\$ 247.38
Subtotal	81,940	\$ 209.68	1.000	\$ 209.68

Transfer				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	252	\$ 132.44	1.000	\$ 132.44
Bronze	1,596	\$ 140.00	1.000	\$ 140.00
Silver	2,076	\$ 192.23	1.000	\$ 192.23
Gold	4,488	\$ 284.72	1.000	\$ 284.72
Platinum	3,660	\$ 270.14	1.000	\$ 270.14
Subtotal	12,072	\$ 242.08	1.000	\$ 242.08

Total				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	9,031	\$ 118.26	1.000	\$ 118.26
Bronze	46,719	\$ 129.96	1.000	\$ 129.96
Silver	123,495	\$ 196.35	1.000	\$ 196.35
Gold	216,418	\$ 224.61	1.000	\$ 224.61
Platinum	152,529	\$ 247.92	1.000	\$ 247.92
Subtotal	548,192	\$ 214.91	1.000	\$ 214.91

Year	Adjusted Normalized PMPM	Year over Year Change
2019	\$ 216.49	n/a
2020	\$ 214.64	-0.9%
2021	\$ 214.91	0.1%

Morbidity Adjustment Change	-0.7%
Morbidity Adjustment Factor	0.9927

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2019	78.82%	1.0741	
(2) Projected 2021	78.56%	1.0728	
(3) Adjustment*		0.9988	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6551	100.0%	34.1
(2)	Rating Period	Existing	1.7080	82.9%	
		New	1.4685	14.9%	
		Transfer	1.6533	2.2%	
(3)	Rating Period	All	1.6710	100.0%	34.4
(4)	Demographic Adjustment***	All	1.0096		

(3) / (1)

***Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

****Average ages are member weighted**

*****Applied to all service categories except capitations**

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1) Experience Period Capitations PMPM (EHBs only)	\$	0.78	
(2) Projection Period Capitations PMPM	\$	0.81	
(3) Adjustment to Capitation Category		1.0454	(2)/(1)
Drug Rebates adjustment			
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	113.51	
(5) Morbidity		0.9927	Exhibit 4
(6) Induced Demand		0.9988	Exhibit 5
(7) Demographics		1.0096	Exhibit 6
(8) Rx Trend (Force of Trend)		1.0138	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	115.19	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$	20.38	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	94.81	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$	20.38	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$	93.13	(4)-(12)
(14) Morbidity		0.9927	Exhibit 4
(15) Induced Demand		0.9988	Exhibit 5
(16) Demographics		1.0096	Exhibit 6
(17) Rx Trend (Force of Trend)		1.0138	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	94.51	(13)*(14)*(15)*(16)*(17)
(19) Adjustment to Drug Category		1.0032	(11)/(18)
Formulary Adjustments			
(20) Experience Period Allowed Rx PMPM (Pre-Rebates, existing formulary)	\$	113.51	
(21) Ingredient cost Adjustment Factor		1.0000	
(22) Experience Period Allowed Rx PMPM (Pre-Rebates, new formulary)	\$	113.51	(20)*(21)
(23) Projection Period Rx Rebates PMPM	\$	20.38	
(24) Adjustment to Drug Category		1.0000	[(22) - (23)]/[(20) - (23)]

	PMPM	Adjustment
Inpatient Hospital	\$ 85.74	1.0000
Outpatient Hospital	\$ 87.19	1.0000
Professional	\$ 165.58	1.0000
Other Medical	\$ 26.79	1.0000
Capitation	\$ 0.78	1.0454 (3)
Prescription Drug	\$ 94.51	1.0032 (19)*(24)
Total	\$ 460.59	1.0007

PMPM weights are set equal to projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2019 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 72.54	17.7%	0.9969	1.0900	1.0866
Outpatient Hospital	\$ 75.15	18.3%	0.9969	1.0800	1.0767
Professional	\$ 142.56	34.8%	1.0667	1.0100	1.0774
Other Medical	\$ 25.39	6.2%	0.9969	1.0300	1.0268
Capitation	\$ 0.99	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$ 93.13	22.7%	0.9969	1.0100	1.0069
Total	\$ 409.76	100.0%			1.0596
Proposed Trend					1.0601

Exhibit 9 - Risk Adjustment

2019

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	18,743	4.0%	0.619	1.038	-\$1,750,644	-\$93.40
Silver	108,175	23.2%	0.916	1.053	-\$5,759,458	-\$53.24
Gold	182,429	39.1%	1.129	1.018	-\$3,955,601	-\$21.68
Platinum	156,901	33.7%	1.431	1.032	\$4,155,191	\$26.48
Total	466,248	100.0%	1.161	1.032	-\$7,310,511	-\$15.68

Statewide 2019

Statewide PMPM 2019

Small Group	953,800		1.2400	1.0360	\$	438.02
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2021

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	22,446	4.5%	0.5945	1.0375	-\$2,346,167	-\$104.52
Silver	109,805	22.2%	0.8608	1.0606	-\$7,830,593	-\$71.31
Gold	211,515	42.8%	1.0847	1.0165	-\$5,503,177	-\$26.02
Platinum	150,697	30.5%	1.3760	1.0328	\$3,847,093	\$25.53
Total	494,463	100.0%	1.1015	1.0322	-\$11,832,844	-\$23.93

Statewide 2021

Statewide PMPM 2021

Small Group	953,415		1.1891	1.0321	\$	479.56
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Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$472.00	-\$29.31	\$ 0.19	1.0625

*Adjustment Factor = (\$472 - \$-29.31+ \$0.19) / \$472

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2021		2Q 2021		3Q 2021		4Q 2021	
	PMPM	% of Revenue						
Allowed Claims	\$466.22		\$473.18		\$480.27		\$487.49	
Paid/Allowed Ratio	80.73%		80.73%		80.73%		80.73%	
Paid Claims & Capitations	\$ 376.38		\$ 382.00		\$ 387.72		\$ 393.55	
Risk Adjustment Transfer (Paid Basis)	\$ (23.93)		\$ (23.93)		\$ (23.93)		\$ (23.93)	
Paid Claims & Capitations (Post-3Rs)	\$ 400.31	77.2%	\$ 405.93	77.3%	\$ 411.65	77.5%	\$ 417.48	77.7%
Administrative Expense	\$ 51.97	10.0%	\$ 51.97	9.9%	\$ 51.97	9.8%	\$ 51.97	9.7%
Broker Commissions & Fee	\$ 30.03	5.8%	\$ 30.03	5.7%	\$ 30.03	5.7%	\$ 30.03	5.6%
Contribution to Reserve (Post-Tax)	\$ 16.60	3.2%	\$ 16.80	3.2%	\$ 16.99	3.2%	\$ 17.19	3.2%
Investment Income Credit	\$ (0.52)	-0.1%	\$ (0.52)	-0.1%	\$ (0.53)	-0.1%	\$ (0.54)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 10.38	2.0%	\$ 10.50	2.0%	\$ 10.62	2.0%	\$ 10.75	2.0%
State Assessment Fee	\$ 0.52	0.1%	\$ 0.52	0.1%	\$ 0.53	0.1%	\$ 0.54	0.1%
Reinsurance Program Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 4.15	0.8%	\$ 4.20	0.8%	\$ 4.25	0.8%	\$ 4.30	0.8%
<u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.19	0.0%	\$ 0.19	0.0%	\$ 0.19	0.0%	\$ 0.19	0.0%
Exchange Assessment Fee	\$ 4.67	0.9%	\$ 4.72	0.9%	\$ 4.78	0.9%	\$ 4.84	0.9%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$ 0.20	0.0%	\$ 0.20	0.0%	\$ 0.20	0.0%	\$ 0.20	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%
Total Revenue	\$ 518.85	100.0%	\$ 524.88	100.0%	\$ 531.03	100.0%	\$ 537.29	100.0%
Plan Level Admin Load Adjustment	1.2955		1.2924		1.2894		1.2864	
Projected Member Months	126,997		77,011		79,154		211,301	
Average Members	10,583		6,418		6,596		17,608	
% Total 2021	25.7%		15.6%		16.0%		42.7%	

Exhibit 10B - Federal MLR

	Total 2021 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 410.34
Total Revenue	\$ 529.62
Traditional MLR (i.e. DICR)	77.5%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 2.93
Removal of non-care costs under MLR guidelines	\$ (5.57)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 15.36
ACA Taxes & Fees	\$ 5.16
Federal MLR Numerator	\$ 408.04
Federal MLR Denominator	\$ 509.10
Federal MLR	80.1%
Projected Member Months	494,463

Exhibit 10B - Federal MLR (Combined SG & Individual)

	Total 2021	
	PMPM / %	
<u>Traditional MLR Development</u>		
Paid Claims & Capitations (Post-3Rs) \$		404.54
Total Revenue \$		520.78
Traditional MLR (i.e. DICR)		77.7%
<u>Federal MLR Development</u>		
Numerator Adjustments		
BlueRewards/Incentive Program \$		0.31
Quality Improvement Expenses \$		2.82
Removal of non-care costs under MLR guidelines \$		(5.26)
Denominator Adjustments		
Non-ACA Taxes & Fees \$		14.93
ACA Taxes & Fees \$		5.08
Federal MLR Numerator \$		402.42
Federal MLR Denominator \$		500.77
Federal MLR		80.4%
Projected Member Months		548,192

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	Open Access Advantage	\$489.73	0.8013	1.0690	1.0000	1.0002	1.0000	1.2955	\$543.57
86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	Open Access Advantage	\$489.73	0.8291	1.0690	1.0000	1.0002	1.0000	1.2955	\$562.46
86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	Open Access Advantage	\$489.73	0.9270	1.0690	1.0650	1.0002	1.0000	1.2955	\$669.69
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	Open Access Advantage	\$489.73	0.7061	1.0690	0.9540	1.0002	1.0000	1.2955	\$456.96
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	Open Access Advantage	\$489.73	0.8990	1.0690	1.0650	1.0002	1.0000	1.2955	\$649.50
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	POS	BRONZE	On	Open Access Advantage	\$489.73	0.5807	1.0690	0.9260	1.0002	1.0000	1.2955	\$364.78
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	Open Access Advantage	\$489.73	0.6706	1.0690	0.9540	1.0002	1.0000	1.2955	\$433.96
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	Open Access Advantage	\$489.73	0.7796	1.0690	1.0000	1.0002	1.0000	1.2955	\$528.88
86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	Open Access Advantage	\$489.73	0.6696	1.0690	0.9540	1.0002	1.0000	1.2955	\$433.32
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	Open Access Advantage	\$489.73	0.7069	1.0690	0.9540	1.0002	1.0000	1.2955	\$457.45
86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	Open Access Advantage	\$489.73	0.6832	1.0690	0.9540	1.0002	1.0000	1.2955	\$442.15
86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	Open Access Advantage	\$489.73	0.7420	1.0690	1.0000	1.0002	1.0000	1.2955	\$503.34
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS	SILVER	On	Open Access Advantage	\$489.73	0.6949	1.0690	0.9540	1.0002	1.0000	1.2955	\$449.73
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS	GOLD	On	Open Access Advantage	\$489.73	0.7597	1.0690	1.0000	1.0002	1.0000	1.2955	\$515.34
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	POS	SILVER	On	Open Access Advantage	\$489.73	0.6807	1.0690	0.9540	1.0002	1.0000	1.2955	\$440.51
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	POS	SILVER	On	Open Access Advantage	\$489.73	0.6491	1.0690	0.9540	1.0002	1.0000	1.2955	\$420.07
86052DC0440031	BlueChoice Advantage Value Bronze 6000	POS	BRONZE	On	Open Access Advantage	\$489.73	0.5856	1.0690	0.9260	1.0002	1.0000	1.2955	\$367.87
86052DC0440032	BlueChoice Advantage Gold 0	POS	GOLD	On	Open Access Advantage	\$489.73	0.8773	1.0690	1.0000	1.0002	1.0000	1.2955	\$595.11
86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	Open Access	\$489.73	0.7726	0.9530	1.0000	1.0002	1.0000	1.2955	\$467.22
86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	Open Access	\$489.73	0.8225	0.9530	1.0000	1.0002	1.0000	1.2955	\$497.40
86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	Open Access	\$489.73	0.9246	0.9530	1.0650	1.0002	1.0000	1.2955	\$595.49
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	Open Access	\$489.73	0.6921	0.9530	0.9540	1.0002	1.0000	1.2955	\$399.32
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	Open Access	\$489.73	0.6785	0.9530	0.9540	1.0002	1.0000	1.2955	\$391.45
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	HMO	BRONZE	On	Open Access	\$489.73	0.5578	0.9530	0.9260	1.0002	1.0000	1.2955	\$312.34
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	Open Access	\$489.73	0.6509	0.9530	0.9540	1.0002	1.0000	1.2955	\$375.52
86052DC0460020	BlueChoice HMO Silver 1500	HMO	SILVER	On	Open Access	\$489.73	0.6664	0.9530	0.9540	1.0002	1.0000	1.2955	\$384.49
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	Open Access	\$489.73	0.7649	0.9530	1.0000	1.0002	1.0000	1.2955	\$462.56
86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	Open Access	\$489.73	0.6682	0.9530	0.9540	1.0002	1.0000	1.2955	\$385.53
86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	Open Access	\$489.73	0.7303	0.9530	1.0000	1.0002	1.0000	1.2955	\$441.65
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	HMO	GOLD	On	Open Access	\$489.73	0.7440	0.9530	1.0000	1.0002	1.0000	1.2955	\$449.92
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	HMO	BRONZE	On	Open Access	\$489.73	0.5639	0.9530	0.9260	1.0002	1.0000	1.2955	\$315.76
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	HMO	SILVER	On	Open Access	\$489.73	0.6619	0.9530	0.9540	1.0002	1.0000	1.2955	\$381.84
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	HMO	SILVER	On	Open Access	\$489.73	0.6283	0.9530	0.9540	1.0002	1.0000	1.2955	\$362.51
86052DC0460029	BlueChoice HMO Value Bronze 6000	HMO	BRONZE	On	Open Access	\$489.73	0.5634	0.9530	0.9260	1.0002	1.0000	1.2955	\$315.50
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	PLATINUM	On	Lock In / Referral	\$489.73	0.9236	0.9080	1.0650	1.0002	1.0000	1.2955	\$566.78
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	GOLD	On	Lock In / Referral	\$489.73	0.8192	0.9080	1.0000	1.0002	1.0000	1.2955	\$472.04
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	GOLD	On	Lock In / Referral	\$489.73	0.8717	0.9080	1.0000	1.0002	1.0000	1.2955	\$502.27
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	SILVER	On	Lock In / Referral	\$489.73	0.6366	0.9080	0.9540	1.0002	1.0000	1.2955	\$349.96
86052DC0480015	BlueChoice HMO Referral Bronze 8150	HMO	BRONZE	On	Lock In / Referral	\$489.73	0.4992	0.9080	0.9260	1.0002	1.0000	1.2955	\$266.36
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	SILVER	On	Open Access Plus	\$489.73	0.6843	0.9710	0.9540	1.0002	1.0000	1.2955	\$402.23
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	SILVER	On	Open Access Plus	\$489.73	0.6425	0.9710	0.9540	1.0002	1.0000	1.2955	\$377.67
86052DC0500012	HealthyBlue Plus Platinum 500	POS	PLATINUM	On	Open Access Plus	\$489.73	0.8892	0.9710	1.0650	1.0002	1.0000	1.2955	\$583.51
86052DC0500015	BlueChoice Plus Gold 1000	POS	GOLD	On	Open Access Plus	\$489.73	0.7875	0.9710	1.0000	1.0002	1.0000	1.2955	\$485.26
86052DC0500016	BlueChoice Plus Gold 500	POS	GOLD	On	Open Access Plus	\$489.73	0.8185	0.9710	1.0000	1.0002	1.0000	1.2955	\$504.36
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	POS	BRONZE	On	Open Access Plus	\$489.73	0.5538	0.9710	0.9260	1.0002	1.0000	1.2955	\$315.99
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	SILVER	On	Open Access Plus	\$489.73	0.6634	0.9710	0.9540	1.0002	1.0000	1.2955	\$389.98
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	PLATINUM	On	Open Access Opt-Out	\$489.73	0.9232	0.9620	1.0650	1.0002	1.0000	1.2955	\$600.23

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.8199
86052DC0440011	BlueChoice Advantage Gold 500	0.8197
86052DC0440012	BlueChoice Advantage Platinum 0	0.9193
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.7176
86052DC0440015	HealthyBlue Advantage Platinum 500	0.9090
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	0.6498
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.7141
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.8195
86052DC0440022	BlueChoice Advantage Silver 4000	0.7179
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.7192
86052DC0440025	BlueChoice Advantage Silver 5000	0.7198
86052DC0440026	BlueChoice Advantage Gold 3000	0.7916
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	0.7193
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	0.8107
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	0.7191
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	0.7021
86052DC0440031	BlueChoice Advantage Value Bronze 6000	0.6497
86052DC0440032	BlueChoice Advantage Gold 0	0.8193
86052DC0460009	BlueChoice HMO Gold 1500	0.8191
86052DC0460010	BlueChoice HMO Gold 500	0.8197
86052DC0460011	BlueChoice HMO Platinum 0	0.9193
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.7176
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.7193
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	0.6498
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.7141
86052DC0460020	BlueChoice HMO Silver 1500	0.7165
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.8195
86052DC0460023	BlueChoice HMO Silver 5000	0.7198
86052DC0460024	BlueChoice HMO Gold 3000	0.7916
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	0.8107
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	0.6498
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	0.7191
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	0.7021
86052DC0460029	BlueChoice HMO Value Bronze 6000	0.6497
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.9193
86052DC0480008	BlueChoice HMO Referral Gold 500	0.8197
86052DC0480010	BlueChoice HMO Referral Gold 0	0.8193
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.7179
86052DC0480015	BlueChoice HMO Referral Bronze 8150	0.6214
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.7176
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.7141
86052DC0500012	HealthyBlue Plus Platinum 500	0.9090
86052DC0500015	BlueChoice Plus Gold 1000	0.8199
86052DC0500016	BlueChoice Plus Gold 500	0.8197
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	0.6498
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.7147
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.9193

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0802	82.9%	
		New	0.9520	14.9%	
		Transfer	1.0505	2.2%	
(2)	Rating Period	All	1.0604	100.0%	42.2
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	0.9930		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice Advantage Gold 1000
(5)	Plan Adjusted Index Rate	\$539.78
(6)	Calibration	0.9930 (4)
(7)	Calibrated Rate	\$536.01 (5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	Age 40 Premium Rate	\$496.30 (7)*(8)

*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

**The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

***Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	141,617	1.0000	1.0000
Non-CDH	406,575	1.0000	1.0000
	548,192	1.0000	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average*
Catastrophic	9,031	1.0000	0.9257
Bronze	46,719	1.0000	0.9257
Silver	122,822	1.0300	0.9535
Gold	216,418	1.0800	0.9998
Platinum	153,202	1.1500	1.0646
Total	548,192	1.0802	

***Factors are applied as plan level adjustments**

Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Opt-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	45,770	1.0000	0.9077
Open Access	160,788	1.0500	0.9531
Open Access Opt-Out	38,090	1.0599	0.9621
Open Access Plus	78,576	1.0699	0.9712
Open Access Advantage	224,968	1.1775	1.0688
Total	548,192	1.1017	

Factors are applied as plan level adjustments

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	1,686	1,770	6.3%
Base Rate	Silver Members/Avg Renewal	9,238	9,160	1.1%
Base Rate	Gold Members/Avg Renewal	16,287	16,956	1.1%
Base Rate	Platinum Members/Avg Renewal	12,895	12,681	0.4%
Base Rate	All Members/Avg Renewal	40,106	40,567	1.1%
Base Rate	Minimum Renewal			-2.0%
Base Rate	Maximum Renewal			11.2%

2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	2021 HIOS Plan ID	2021 HIOS Plan Name	2021 Metal Level	2021 Marketplace Indicator	Current Month Member Count	Projected 2020 EOY Members	1Q2020 Base Rate	1Q2021 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	3,849	3,867	\$505.76	\$512.61	1.4%
86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	3,240	3,575	\$523.57	\$530.42	1.3%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	3,123	3,201	\$628.32	\$631.55	0.5%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	1,507	1,461	\$431.76	\$430.93	-0.2%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	1,554	1,520	\$606.35	\$612.51	1.0%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	BRONZE	On	424	440	\$326.96	\$344.00	5.2%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	435	437	\$391.46	\$409.24	4.5%
86052DC0440020	BlueChoice Advantage Bronze 6500	BRONZE	On	86052DC0440031	BlueChoice Advantage Value Bronze 6000	BRONZE	On	116	130	\$332.96	\$346.91	4.2%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	916	959	\$489.10	\$498.75	2.0%
86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	159	167	\$402.62	\$408.64	1.5%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	845	865	\$431.23	\$431.40	0.0%
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	289	287	\$410.08	\$424.11	3.4%
86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	51	65	\$410.64	\$416.96	1.5%
86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	296	341	\$472.32	\$474.67	0.5%
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	947	888	\$411.44	\$424.11	3.1%
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	13	15	\$487.40	\$485.99	-0.3%
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	SILVER	On	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	SILVER	On	4	4	\$398.57	\$415.42	4.2%
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	2	3	\$383.48	\$396.14	3.3%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	1,190	1,187	\$440.72	\$440.60	0.0%
86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	1,313	1,373	\$463.34	\$469.07	1.2%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	1,819	1,825	\$559.86	\$561.57	0.3%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	707	702	\$377.58	\$376.57	-0.3%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	861	838	\$357.91	\$369.15	3.1%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	BRONZE	On	427	441	\$279.03	\$294.55	5.6%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	311	315	\$338.00	\$354.13	4.8%
86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	802	844	\$355.42	\$362.59	2.0%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	313	327	\$428.00	\$436.21	1.9%
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86	93	\$356.40	\$369.15	3.6%
86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	75	91	\$358.49	\$363.57	1.4%
86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	149	179	\$415.36	\$416.49	0.3%
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	7	8	\$426.04	\$424.29	-0.4%
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	BRONZE	On	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	BRONZE	On	1	1	\$286.29	\$297.77	4.0%
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	SILVER	On	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	SILVER	On	10	10	\$345.65	\$360.09	4.2%
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	6	7	\$330.89	\$341.86	3.3%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	1,433	1,397	\$532.27	\$534.50	0.4%
86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	1,319	1,328	\$439.15	\$445.15	1.4%
86052DC0480009	BlueChoice HMO Referral Bronze 6500	BRONZE	On	86052DC0460029	BlueChoice HMO Value Bronze 6000	BRONZE	On	373	405	\$267.52	\$297.53	11.2%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	815	847	\$467.56	\$473.66	1.3%
86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	137	147	\$331.37	\$330.02	-0.4%
86052DC0480015	BlueChoice HMO Referral Bronze 8150	BRONZE	On	86052DC0480015	BlueChoice HMO Referral Bronze 8150	BRONZE	On	31	48	\$244.26	\$251.19	2.8%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	1,531	1,463	\$387.03	\$379.32	-2.0%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	367	363	\$347.33	\$356.16	2.5%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	1,457	1,399	\$549.13	\$550.27	0.2%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	1,348	1,380	\$456.53	\$457.62	0.2%
86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	1,519	1,570	\$473.87	\$475.63	0.4%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	BRONZE	On	314	305	\$287.49	\$297.99	3.7%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	106	110	\$366.00	\$367.77	0.5%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	3,509	3,339	\$565.85	\$566.04	0.0%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1))*(1 + (2)) - 1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q21	1.5%	-0.2%	1.3%
3Q21	1.5%	-0.2%	1.3%
4Q21	1.5%	-0.2%	1.3%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2020	2021	% Change
Base Rate	\$267.52	\$297.53	11.2%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$174.96	\$216.30	23.6%

	BlueChoice HMO	
	Referral Bronze	BlueChoice HMO Value Bronze 6000
Base Rate/Product(s)	6500	6000
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFAP-132316088

ON-Exchange

BlueChoice HMO Referral and Open Access

DC/CFBC/SHOP/GC (R. 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/HMO DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/HMO/V BRZ 6000 (1/21)
DC/CFBC/SG/HMO OA CDH/BRZ 6100 (1/21)
DC/CFBC/SG/HMO OA CDH/BRZ 6500 90 (1/21)
DC/CFBC/SG/HMO OA CDH/GOLD 1500 (1/21)
DC/CFBC/SG/HMO OA CDH/GOLD 1500 90 (1/21)
DC/CFBC/SG/HMO OA CDH/SIL 1500 (1/21)
DC/CFBC/SG/HMO OA CDH/SIL 2000 (1/21)
DC/CFBC/SG/HMO OA CDH/SIL 2100 70 (1/21)
DC/CFBC/SG/HMO OA CDH/SIL 3000 (1/21)
DC/CFBC/SG/HMO OA CDH/SIL 3000 70 (1/21)
DC/CFBC/SG/HMO OA/GOLD 500 (1/21)
DC/CFBC/SG/HMO OA/GOLD 1500 (1/21)
DC/CFBC/SG/HMO OA/GOLD 3000 (1/21)
DC/CFBC/SG/HMO OA/PLAT 0 (1/21)
DC/CFBC/SG/HMO OA/SIL 1500 (1/21)
DC/CFBC/SG/HMO OA/SIL 5000 (1/21)
DC/CFBC/SG/HMO REF/BRZ 8150 (1/21)
DC/CFBC/SG/HMO REF/GOLD 0 (1/21)
DC/CFBC/SG/HMO REF/GOLD 500 (1/21)
DC/CFBC/SG/HMO REF/PLAT 0 (1/21)
DC/CFBC/SG/HMO REF/SIL 4000 (1/21)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/HMO (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

HeathyBlue Plus

In-Network

DC/CFBC/SHOP/GC (R. 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/POS IN/PLAT 500 (1/21)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

HeathyBlue Advantage

In-Network

DC/CFBC/SHOP/GC (R. 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/ADV IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/POS IN/PLAT 500 (1/21)
DC/CFBC/ADV/BLCRD (R. 6/18)
DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
DC/CFBC/ANCILLARY AMEND (10/12)
DC/CFBC/SG/AUTH AMEND/ADV (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

BlueChoice Plus (OO-OA)

DC/CFBC/SHOP/GC (R. 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/BC+ OO/PLAT 0 (1/21)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/BCOO (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

Out-of-Network

DC/CF/SHOP/GC (R. 1/19)
DC/CF/SHOP/POS OON/EOC (R. 1/20)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC/CF/SHOP/POS OON/DOCS (R. 1/20)
DC/CF/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SG/POS OON/PLAT 500 (1/21)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

Out-of-Network

DC/CF/SHOP/GC (R. 1/19)
DC/CF/SHOP/POS OON/EOC (R. 1/20)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC/CF/SHOP/POS OON/DOCS (R. 1/20)
DC/CF/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SG/POS OON/PLAT 500 (1/21)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

BlueChoice Plus (OOPOA)**In-Network**

DC/CFBC/SHOP/GC (R 1/19)
 DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/DOL APPEAL (R. 1/17)
 DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20)
 DC/CFBC/SHOP/2021 AMEND (1/21)
 DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 1500 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 2500 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 3000 (1/21)
 DC/CFBC/SG/POS IN/GOLD 500 (1/21)
 DC/CFBC/SG/POS IN/GOLD 1000 (1/21)
 DC/CFBC/BLCRD (R. 6/18)
 DC/CFBC/MEM/BLCRD (R. 6/18)
 DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
 DC/CFBC/PT PROTECT (9/10)
 DC/CFBC/SG/INCENT (R. 1/21)
 DC/CFBC/SHOP/ELIG (R. 1/20)

BlueChoice Advantage**In-Network**

DC/CFBC/SHOP/GC (R 1/19)
 DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/DOL APPEAL (R. 1/17)
 DC/CFBC/SHOP/ADV IN DOCS (R. 1/20)
 DC/CFBC/SHOP/2021 AMEND (1/21)
 DC/CFBC/SG/POS IN/V BRZ 6000 (1/21)
 DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 1500 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 2500 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 3000 (1/21)
 DC/CFBC/SG/POS IN/GOLD 500 (1/21)
 DC/CFBC/SG/POS IN/GOLD 1000 (1/21)
 DC/CFBC/SG/BC ADV IN BF HSA/SIL 1500 (1/21)
 DC/CFBC/SG/POS IN CDH/GOLD 1500 (1/21)
 DC/CFBC/SG/POS IN CDH/GOLD 1500 90 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 2000 (1/21)
 DC/CFBC/SG/POS IN/GOLD 0 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 2100 70 (1/21)
 DC/CFBC/SG/POS IN CDH/SIL 3000 70 (1/21)
 DC/CFBC/SG/POS IN/GOLD 3000 (1/21)
 DC/CFBC/SG/POS IN/PLAT 0 (1/21)
 DC/CFBC/SG/POS IN/SIL 4000 (1/21)
 DC/CFBC/SG/POS IN/SIL 5000 (1/21)
 DC/CFBC/ADV/BLCRD (R. 6/18)
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/AUTH AMEND/ADV (1/20)
 DC/CFBC/PT PROTECT (9/10)
 DC/CFBC/SG/INCENT (R. 1/21)
 DC/CFBC/SHOP/ELIG (R. 1/20)

Out-of-Network

DC/CF/SHOP/GC (R 1/19)
 DC/CF/SHOP/POS OON/EOC (R. 1/20)
 DC/GHMSI/DOL APPEAL (R. 1/17)
 DC/CF/SHOP/POS OON/DOCS (R. 1/20)
 DC/CF/SG/POS OON CDH/BRZ 6100 (1/21)
 DC/CF/SG/POS OON CDH/GOLD 1500 (1/21)
 DC/CF/SG/POS OON CDH/SIL 2500 (1/21)
 DC/CF/SG/POS OON CDH/SIL 3000 (1/21)
 DC/CF/SG/POS OON/GOLD 500 (1/21)
 DC/CF/SG/POS OON/GOLD 1000 (1/21)
 DC/CF/BLCRD (R. 6/18)
 DC/CF/MEM/BLCRD (R. 6/18)
 DC/CF/ANCILLARY AMEND (10/12)
 DC/CF/SG/AUTH AMEND/POS OON (1/20)
 DC/CF/PT PROTECT (9/10)
 DC/GHMSI/HEALTH GUARANTEE 8/19
 DC/CF/SHOP/ELIG (R. 1/20)

Out-of-Network

DC/CF/SHOP/GC (R 1/19)
 DC/CF/SHOP/POS OON/EOC (R. 1/20)
 DC/GHMSI/DOL APPEAL (R. 1/17)
 DC/CF/SHOP/POS OON/DOCS (R. 1/20)
 DC/CF/SHOP/POS OON/2021 AMEND (1/21)
 DC/CF/SG/BC ADV OON BF HSA/SIL 1500 (1/21)
 DC/CF/SG/POS OON CDH/BRZ 6100 (1/21)
 DC/CF/SG/POS OON CDH/GOLD 1500 (1/21)
 DC/CF/SG/POS OON CDH/GOLD 1500 90 (1/21)
 DC/CF/SG/POS OON CDH/SIL 1500 (1/21)
 DC/CF/SG/POS OON CDH/SIL 2000 (1/21)
 DC/CF/SG/POS OON CDH/SIL 2100 70 (1/21)
 DC/CF/SG/POS OON CDH/SIL 2500 (1/21)
 DC/CF/SG/POS OON CDH/SIL 3000 (1/21)
 DC/CF/SG/POS OON CDH/SIL 3000 70 (1/21)
 DC/CF/SG/POS OON/V BRZ 6000 (1/21)
 DC/CF/SG/POS OON/GOLD 0 (1/21)
 DC/CF/SG/POS OON/GOLD 500 (1/21)
 DC/CF/SG/POS OON/GOLD 1000 (1/21)
 DC/CF/SG/POS OON/GOLD 3000 (1/21)
 DC/CF/SG/POS OON/PLAT 0 (1/21)
 DC/CF/SG/POS OON/SIL 4000 (1/21)
 DC/CF/SG/POS OON/SIL 5000 (1/21)
 DC/CF/BLCRD (R. 6/18)
 DC/CF/MEM/BLCRD (R. 6/18)
 DC/CF/ANCILLARY AMEND (10/12)
 DC/CF/SG/AUTH AMEND/POS OON (1/20)
 DC/CF/PT PROTECT (9/10)
 DC/GHMSI/HEALTH GUARANTEE 8/19
 DC/CF/SHOP/ELIG (R. 1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Inpatient Hospital	\$3,379,110	\$0	Admits	192
201702	40,960	Inpatient Hospital	\$1,957,824	\$0	Admits	146
201703	40,733	Inpatient Hospital	\$3,122,527	\$0	Admits	150
201704	40,448	Inpatient Hospital	\$2,102,087	\$0	Admits	123
201705	40,383	Inpatient Hospital	\$2,150,429	\$0	Admits	126
201706	40,116	Inpatient Hospital	\$2,875,813	\$0	Admits	208
201707	39,855	Inpatient Hospital	\$2,485,303	\$0	Admits	190
201708	39,736	Inpatient Hospital	\$3,080,174	\$0	Admits	174
201709	39,764	Inpatient Hospital	\$2,629,768	\$0	Admits	174
201710	39,827	Inpatient Hospital	\$1,961,872	\$0	Admits	197
201711	39,597	Inpatient Hospital	\$1,603,888	\$0	Admits	125
201712	39,346	Inpatient Hospital	\$2,315,230	\$0	Admits	176
201801	39,818	Inpatient Hospital	\$2,750,031	\$0	Admits	218
201802	39,872	Inpatient Hospital	\$2,356,741	\$0	Admits	144
201803	39,866	Inpatient Hospital	\$2,474,155	\$0	Admits	142
201804	39,781	Inpatient Hospital	\$2,394,149	\$0	Admits	207
201805	39,765	Inpatient Hospital	\$2,554,159	\$0	Admits	177
201806	40,182	Inpatient Hospital	\$1,949,459	\$0	Admits	155
201807	40,386	Inpatient Hospital	\$3,454,067	\$0	Admits	193
201808	40,701	Inpatient Hospital	\$2,347,196	\$0	Admits	161
201809	40,326	Inpatient Hospital	\$2,391,917	\$0	Admits	165
201810	40,569	Inpatient Hospital	\$2,546,371	\$0	Admits	166
201811	40,509	Inpatient Hospital	\$3,457,092	\$0	Admits	180
201812	41,435	Inpatient Hospital	\$2,929,958	\$0	Admits	161
201901	42,431	Inpatient Hospital	\$2,627,013	\$0	Admits	169
201902	42,697	Inpatient Hospital	\$2,598,845	\$0	Admits	168
201903	42,785	Inpatient Hospital	\$2,909,116	\$0	Admits	168
201904	43,042	Inpatient Hospital	\$3,105,628	\$0	Admits	171
201905	43,059	Inpatient Hospital	\$3,521,767	\$0	Admits	174
201906	43,048	Inpatient Hospital	\$2,680,104	\$0	Admits	173
201907	43,084	Inpatient Hospital	\$2,936,345	\$0	Admits	177
201908	43,062	Inpatient Hospital	\$4,099,180	\$0	Admits	200
201909	43,164	Inpatient Hospital	\$3,454,488	\$0	Admits	170
201910	43,245	Inpatient Hospital	\$4,188,605	\$0	Admits	199
201911	43,257	Inpatient Hospital	\$2,474,920	\$0	Admits	171
201912	43,625	Inpatient Hospital	\$2,871,926	\$0	Admits	179
202001	44,512	Inpatient Hospital	\$3,030,488	\$0	Admits	207
202002	44,747	Inpatient Hospital	\$1,689,714	\$0	Admits	166

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Outpatient Hospital	\$2,251,095	\$0	Visits	2,256
201702	40,960	Outpatient Hospital	\$2,392,181	\$0	Visits	2,218
201703	40,733	Outpatient Hospital	\$2,790,679	\$0	Visits	2,467
201704	40,448	Outpatient Hospital	\$2,885,983	\$0	Visits	2,469
201705	40,383	Outpatient Hospital	\$2,888,750	\$0	Visits	2,533
201706	40,116	Outpatient Hospital	\$2,837,839	\$0	Visits	2,362
201707	39,855	Outpatient Hospital	\$2,489,283	\$0	Visits	2,222
201708	39,736	Outpatient Hospital	\$2,685,972	\$0	Visits	2,502
201709	39,764	Outpatient Hospital	\$2,263,336	\$0	Visits	2,219
201710	39,827	Outpatient Hospital	\$2,799,942	\$0	Visits	2,584
201711	39,597	Outpatient Hospital	\$2,567,209	\$0	Visits	2,474
201712	39,346	Outpatient Hospital	\$2,534,746	\$0	Visits	2,343
201801	39,818	Outpatient Hospital	\$2,818,330	\$0	Visits	2,673
201802	39,872	Outpatient Hospital	\$2,537,132	\$0	Visits	2,384
201803	39,866	Outpatient Hospital	\$2,895,658	\$0	Visits	2,517
201804	39,781	Outpatient Hospital	\$2,835,086	\$0	Visits	2,496
201805	39,765	Outpatient Hospital	\$2,652,108	\$0	Visits	2,569
201806	40,182	Outpatient Hospital	\$2,825,780	\$0	Visits	2,560
201807	40,386	Outpatient Hospital	\$2,698,509	\$0	Visits	2,481
201808	40,701	Outpatient Hospital	\$2,771,858	\$0	Visits	2,492
201809	40,326	Outpatient Hospital	\$2,417,906	\$0	Visits	2,349
201810	40,569	Outpatient Hospital	\$3,433,638	\$0	Visits	2,757
201811	40,509	Outpatient Hospital	\$2,919,440	\$0	Visits	2,548
201812	41,435	Outpatient Hospital	\$3,201,899	\$0	Visits	2,618
201901	42,431	Outpatient Hospital	\$3,449,304	\$0	Visits	2,788
201902	42,697	Outpatient Hospital	\$3,011,285	\$0	Visits	2,468
201903	42,785	Outpatient Hospital	\$3,007,389	\$0	Visits	2,845
201904	43,042	Outpatient Hospital	\$3,640,710	\$0	Visits	2,997
201905	43,059	Outpatient Hospital	\$3,208,202	\$0	Visits	2,887
201906	43,048	Outpatient Hospital	\$2,806,023	\$0	Visits	2,614
201907	43,084	Outpatient Hospital	\$3,052,206	\$0	Visits	2,646
201908	43,062	Outpatient Hospital	\$3,180,819	\$0	Visits	2,695
201909	43,164	Outpatient Hospital	\$2,948,761	\$0	Visits	2,531
201910	43,245	Outpatient Hospital	\$3,489,682	\$0	Visits	2,903
201911	43,257	Outpatient Hospital	\$3,225,797	\$0	Visits	2,308
201912	43,625	Outpatient Hospital	\$3,794,972	\$0	Visits	2,296
202001	44,512	Outpatient Hospital	\$3,546,468	\$0	Visits	2,387
202002	44,747	Outpatient Hospital	\$3,553,616	\$0	Visits	2,415

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Professional	\$4,826,882	\$0	Visits	33,948
201702	40,960	Professional	\$4,551,275	\$0	Visits	31,409
201703	40,733	Professional	\$5,074,593	\$0	Visits	35,465
201704	40,448	Professional	\$4,489,118	\$0	Visits	30,900
201705	40,383	Professional	\$5,001,252	\$0	Visits	34,238
201706	40,116	Professional	\$4,971,347	\$0	Visits	33,554
201707	39,855	Professional	\$4,604,657	\$0	Visits	30,793
201708	39,736	Professional	\$5,148,392	\$0	Visits	34,362
201709	39,764	Professional	\$4,949,000	\$0	Visits	32,726
201710	39,827	Professional	\$5,287,700	\$0	Visits	36,381
201711	39,597	Professional	\$4,960,203	\$0	Visits	33,557
201712	39,346	Professional	\$4,663,350	\$0	Visits	29,956
201801	39,818	Professional	\$5,734,166	\$0	Visits	37,866
201802	39,872	Professional	\$4,967,781	\$0	Visits	33,026
201803	39,866	Professional	\$5,312,106	\$0	Visits	34,652
201804	39,781	Professional	\$5,137,872	\$0	Visits	34,232
201805	39,765	Professional	\$5,386,335	\$0	Visits	35,428
201806	40,182	Professional	\$5,481,222	\$0	Visits	34,093
201807	40,386	Professional	\$5,190,331	\$0	Visits	33,621
201808	40,701	Professional	\$5,619,722	\$0	Visits	36,496
201809	40,326	Professional	\$4,935,905	\$0	Visits	33,516
201810	40,569	Professional	\$6,094,149	\$0	Visits	41,947
201811	40,509	Professional	\$5,523,901	\$0	Visits	36,630
201812	41,435	Professional	\$5,270,946	\$0	Visits	33,206
201901	42,431	Professional	\$6,520,354	\$0	Visits	42,036
201902	42,697	Professional	\$5,554,055	\$0	Visits	36,084
201903	42,785	Professional	\$6,035,738	\$0	Visits	40,240
201904	43,042	Professional	\$6,116,320	\$0	Visits	40,029
201905	43,059	Professional	\$6,075,699	\$0	Visits	40,911
201906	43,048	Professional	\$5,721,414	\$0	Visits	37,083
201907	43,084	Professional	\$6,073,011	\$0	Visits	39,278
201908	43,062	Professional	\$6,212,020	\$0	Visits	40,186
201909	43,164	Professional	\$6,014,787	\$0	Visits	39,798
201910	43,245	Professional	\$7,104,602	\$0	Visits	47,105
201911	43,257	Professional	\$6,066,847	\$0	Visits	40,457
201912	43,625	Professional	\$6,137,813	\$0	Visits	39,117
202001	44,512	Professional	\$7,493,350	\$0	Visits	49,447
202002	44,747	Professional	\$8,266,009	\$0	Visits	57,685

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Other Medical	\$624,624	\$0	Services	3,090
201702	40,960	Other Medical	\$797,776	\$0	Services	3,245
201703	40,733	Other Medical	\$818,558	\$0	Services	3,439
201704	40,448	Other Medical	\$736,674	\$0	Services	3,381
201705	40,383	Other Medical	\$751,056	\$0	Services	3,316
201706	40,116	Other Medical	\$753,372	\$0	Services	3,453
201707	39,855	Other Medical	\$761,253	\$0	Services	3,168
201708	39,736	Other Medical	\$827,314	\$0	Services	4,337
201709	39,764	Other Medical	\$754,243	\$0	Services	3,488
201710	39,827	Other Medical	\$890,503	\$0	Services	4,003
201711	39,597	Other Medical	\$814,276	\$0	Services	3,852
201712	39,346	Other Medical	\$811,467	\$0	Services	4,019
201801	39,818	Other Medical	\$915,318	\$0	Services	3,923
201802	39,872	Other Medical	\$811,579	\$0	Services	3,782
201803	39,866	Other Medical	\$970,187	\$0	Services	4,250
201804	39,781	Other Medical	\$880,963	\$0	Services	4,227
201805	39,765	Other Medical	\$930,072	\$0	Services	4,047
201806	40,182	Other Medical	\$1,010,907	\$0	Services	4,296
201807	40,386	Other Medical	\$979,123	\$0	Services	4,153
201808	40,701	Other Medical	\$1,089,253	\$0	Services	4,703
201809	40,326	Other Medical	\$1,091,451	\$0	Services	3,910
201810	40,569	Other Medical	\$1,130,175	\$0	Services	4,645
201811	40,509	Other Medical	\$1,121,238	\$0	Services	4,346
201812	41,435	Other Medical	\$915,933	\$0	Services	4,063
201901	42,431	Other Medical	\$1,119,831	\$0	Services	4,610
201902	42,697	Other Medical	\$1,034,659	\$0	Services	3,912
201903	42,785	Other Medical	\$1,241,248	\$0	Services	4,386
201904	43,042	Other Medical	\$1,199,516	\$0	Services	4,977
201905	43,059	Other Medical	\$1,202,329	\$0	Services	4,735
201906	43,048	Other Medical	\$1,010,071	\$0	Services	4,483
201907	43,084	Other Medical	\$1,072,535	\$0	Services	4,610
201908	43,062	Other Medical	\$1,133,261	\$0	Services	5,027
201909	43,164	Other Medical	\$954,947	\$0	Services	3,921
201910	43,245	Other Medical	\$1,154,900	\$0	Services	4,226
201911	43,257	Other Medical	\$998,000	\$0	Services	2,720
201912	43,625	Other Medical	\$992,354	\$0	Services	2,715
202001	44,512	Other Medical	\$1,129,593	\$0	Services	3,127
202002	44,747	Other Medical	\$1,054,169	\$0	Services	3,213

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Prescription Drug	\$3,880,817	\$544,362	Scripts	26,529
201702	40,960	Prescription Drug	\$3,913,363	\$538,881	Scripts	24,826
201703	40,733	Prescription Drug	\$4,539,610	\$640,350	Scripts	27,570
201704	40,448	Prescription Drug	\$3,908,953	\$572,922	Scripts	25,102
201705	40,383	Prescription Drug	\$4,523,876	\$647,757	Scripts	26,921
201706	40,116	Prescription Drug	\$4,601,332	\$648,316	Scripts	25,821
201707	39,855	Prescription Drug	\$4,124,620	\$616,667	Scripts	24,758
201708	39,736	Prescription Drug	\$4,522,143	\$684,780	Scripts	25,984
201709	39,764	Prescription Drug	\$4,250,547	\$626,875	Scripts	24,349
201710	39,827	Prescription Drug	\$4,408,601	\$634,591	Scripts	26,172
201711	39,597	Prescription Drug	\$4,265,662	\$629,605	Scripts	25,824
201712	39,346	Prescription Drug	\$4,294,695	\$563,848	Scripts	25,628
201801	39,818	Prescription Drug	\$4,584,525	\$713,654	Scripts	27,329
201802	39,872	Prescription Drug	\$4,282,075	\$686,544	Scripts	24,443
201803	39,866	Prescription Drug	\$4,634,012	\$753,239	Scripts	26,299
201804	39,781	Prescription Drug	\$4,379,889	\$707,161	Scripts	25,576
201805	39,765	Prescription Drug	\$4,897,018	\$754,765	Scripts	26,533
201806	40,182	Prescription Drug	\$4,803,608	\$727,349	Scripts	25,875
201807	40,386	Prescription Drug	\$4,646,622	\$708,734	Scripts	25,654
201808	40,701	Prescription Drug	\$4,888,099	\$727,141	Scripts	26,607
201809	40,326	Prescription Drug	\$4,138,822	\$650,891	Scripts	24,095
201810	40,569	Prescription Drug	\$4,779,032	\$673,635	Scripts	27,454
201811	40,509	Prescription Drug	\$4,605,551	\$638,759	Scripts	26,112
201812	41,435	Prescription Drug	\$4,479,552	\$579,837	Scripts	26,532
201901	42,431	Prescription Drug	\$4,843,018	\$783,537	Scripts	28,064
201902	42,697	Prescription Drug	\$4,309,418	\$737,858	Scripts	25,334
201903	42,785	Prescription Drug	\$4,768,363	\$842,611	Scripts	27,886
201904	43,042	Prescription Drug	\$4,982,648	\$869,575	Scripts	27,942
201905	43,059	Prescription Drug	\$5,020,554	\$869,034	Scripts	28,466
201906	43,048	Prescription Drug	\$4,583,561	\$833,360	Scripts	26,246
201907	43,084	Prescription Drug	\$5,189,206	\$934,706	Scripts	27,669
201908	43,062	Prescription Drug	\$4,926,052	\$917,606	Scripts	27,319
201909	43,164	Prescription Drug	\$4,868,399	\$886,189	Scripts	25,988
201910	43,245	Prescription Drug	\$5,171,394	\$974,224	Scripts	28,113
201911	43,257	Prescription Drug	\$4,606,575	\$908,976	Scripts	26,570
201912	43,625	Prescription Drug	\$5,356,273	\$968,522	Scripts	28,720
202001	44,512	Prescription Drug	\$4,842,264	\$896,322	Scripts	29,771
202002	44,747	Prescription Drug	\$5,045,219	\$961,827	Scripts	29,167

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	41,362	Capitations	\$52,854	\$0	Benefit Period	41,362
201702	40,960	Capitations	\$51,779	\$0	Benefit Period	40,960
201703	40,733	Capitations	\$51,213	\$0	Benefit Period	40,733
201704	40,448	Capitations	\$50,462	\$0	Benefit Period	40,448
201705	40,383	Capitations	\$50,023	\$0	Benefit Period	40,383
201706	40,116	Capitations	\$49,428	\$0	Benefit Period	40,116
201707	39,855	Capitations	\$48,824	\$0	Benefit Period	39,855
201708	39,736	Capitations	\$48,452	\$0	Benefit Period	39,736
201709	39,764	Capitations	\$48,180	\$0	Benefit Period	39,764
201710	39,827	Capitations	\$47,916	\$0	Benefit Period	39,827
201711	39,597	Capitations	\$47,366	\$0	Benefit Period	39,597
201712	39,346	Capitations	\$46,776	\$0	Benefit Period	39,346
201801	39,818	Capitations	\$32,396	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$32,239	\$0	Benefit Period	39,872
201803	39,866	Capitations	\$32,198	\$0	Benefit Period	39,866
201804	39,781	Capitations	\$31,908	\$0	Benefit Period	39,781
201805	39,765	Capitations	\$31,536	\$0	Benefit Period	39,765
201806	40,182	Capitations	\$31,642	\$0	Benefit Period	40,182
201807	40,386	Capitations	\$31,643	\$0	Benefit Period	40,386
201808	40,701	Capitations	\$31,709	\$0	Benefit Period	40,701
201809	40,326	Capitations	\$31,178	\$0	Benefit Period	40,326
201810	40,569	Capitations	\$31,079	\$0	Benefit Period	40,569
201811	40,509	Capitations	\$30,722	\$0	Benefit Period	40,509
201812	41,435	Capitations	\$31,011	\$0	Benefit Period	41,435
201901	42,431	Capitations	\$42,767	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,879	\$0	Benefit Period	42,697
201903	42,785	Capitations	\$43,040	\$0	Benefit Period	42,785
201904	43,042	Capitations	\$43,218	\$0	Benefit Period	43,042
201905	43,059	Capitations	\$42,972	\$0	Benefit Period	43,059
201906	43,048	Capitations	\$42,785	\$0	Benefit Period	43,048
201907	43,084	Capitations	\$42,697	\$0	Benefit Period	43,084
201908	43,062	Capitations	\$42,639	\$0	Benefit Period	43,062
201909	43,164	Capitations	\$42,686	\$0	Benefit Period	43,164
201910	43,245	Capitations	\$42,589	\$0	Benefit Period	43,245
201911	43,257	Capitations	\$42,386	\$0	Benefit Period	43,257
201912	43,625	Capitations	\$42,493	\$0	Benefit Period	43,625
202001	44,512	Capitations	\$45,100	\$0	Benefit Period	44,512
202002	44,747	Capitations	\$45,260	\$0	Benefit Period	44,747

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201701	41,362	26,983	\$15,015,381	\$544,362	\$14,471,019	\$11,922,369	\$16,519,566	72.2%
201702	40,960	26,681	\$13,664,198	\$538,881	\$13,125,318	\$10,898,369	\$16,372,725	66.6%
201703	40,733	26,498	\$16,397,179	\$640,350	\$15,756,829	\$13,349,594	\$16,322,073	81.8%
201704	40,448	26,275	\$14,173,277	\$572,922	\$13,600,355	\$11,591,064	\$16,280,205	71.2%
201705	40,383	26,205	\$15,365,385	\$647,757	\$14,717,628	\$12,579,471	\$16,255,294	77.4%
201706	40,116	25,975	\$16,089,132	\$648,316	\$15,440,815	\$13,347,958	\$16,224,814	82.3%
201707	39,855	25,733	\$14,513,940	\$616,667	\$13,897,272	\$11,939,431	\$16,165,747	73.9%
201708	39,736	25,607	\$16,312,448	\$684,780	\$15,627,668	\$13,567,702	\$16,160,501	84.0%
201709	39,764	25,542	\$14,895,073	\$626,875	\$14,268,198	\$12,379,434	\$16,204,812	76.4%
201710	39,827	25,549	\$15,396,533	\$634,591	\$14,761,942	\$12,683,836	\$16,267,833	78.0%
201711	39,597	25,409	\$14,258,604	\$629,605	\$13,629,000	\$11,609,756	\$16,234,123	71.5%
201712	39,346	25,177	\$14,666,263	\$563,848	\$14,102,415	\$11,869,304	\$16,394,061	72.4%
201801	39,818	25,624	\$16,834,766	\$713,654	\$16,121,112	\$13,215,218	\$16,839,433	78.5%
201802	39,872	25,653	\$14,987,547	\$686,544	\$14,301,003	\$11,915,653	\$17,129,525	69.6%
201803	39,866	25,659	\$16,318,316	\$753,239	\$15,565,077	\$13,230,799	\$17,123,092	77.3%
201804	39,781	25,616	\$15,659,866	\$707,161	\$14,952,705	\$12,676,409	\$17,153,206	73.9%
201805	39,765	25,544	\$16,451,229	\$754,765	\$15,696,463	\$13,429,117	\$17,178,140	78.2%
201806	40,182	25,708	\$16,102,617	\$727,349	\$15,375,268	\$13,183,997	\$17,489,965	75.4%
201807	40,386	25,747	\$17,000,295	\$708,734	\$16,291,561	\$14,161,696	\$17,616,363	80.4%
201808	40,701	25,903	\$16,747,836	\$727,141	\$16,020,695	\$13,792,009	\$17,730,037	77.8%
201809	40,326	25,672	\$15,007,179	\$650,891	\$14,356,288	\$12,300,393	\$17,641,115	69.7%
201810	40,569	25,807	\$18,014,445	\$673,635	\$17,340,810	\$14,988,296	\$17,769,549	84.3%
201811	40,509	25,772	\$17,657,945	\$638,759	\$17,019,185	\$14,795,823	\$17,900,267	82.7%
201812	41,435	26,200	\$16,829,299	\$579,837	\$16,249,462	\$13,815,592	\$18,369,479	75.2%
201901	42,431	27,057	\$18,602,287	\$783,537	\$17,818,749	\$14,713,784	\$19,087,752	77.1%
201902	42,697	27,248	\$16,551,142	\$737,858	\$15,813,283	\$13,288,428	\$19,197,023	69.2%
201903	42,785	27,336	\$18,004,894	\$842,611	\$17,162,283	\$14,538,138	\$19,246,459	75.5%
201904	43,042	27,499	\$19,088,040	\$869,575	\$18,218,465	\$15,691,230	\$19,418,544	80.8%
201905	43,059	27,487	\$19,071,523	\$869,034	\$18,202,488	\$15,684,861	\$19,394,365	80.9%
201906	43,048	27,412	\$16,843,957	\$833,360	\$16,010,597	\$13,711,704	\$19,537,201	70.2%
201907	43,084	27,405	\$18,366,000	\$934,706	\$17,431,294	\$14,957,750	\$19,539,425	76.6%
201908	43,062	27,415	\$19,593,972	\$917,606	\$18,676,366	\$16,291,690	\$19,621,807	83.0%
201909	43,164	27,441	\$18,284,067	\$886,189	\$17,397,879	\$15,139,394	\$19,696,813	76.9%
201910	43,245	27,477	\$21,151,773	\$974,224	\$20,177,549	\$17,656,567	\$19,800,976	89.2%
201911	43,257	27,468	\$17,414,524	\$908,976	\$16,505,548	\$14,223,502	\$19,904,511	71.5%
201912	43,625	27,621	\$19,195,832	\$968,522	\$18,227,310	\$15,414,249	\$20,452,124	75.4%
202001	44,512	28,404	\$20,087,264	\$896,322	\$19,190,943	\$15,586,945	\$21,267,867	73.3%
202002	44,747	28,555	\$19,653,988	\$961,827	\$18,692,161	\$15,026,970	\$21,386,776	70.3%

CareFirst BlueCross BlueShield
840 First Street, NE
Washington, DC 20065
www.carefirst.com

May 1, 2020

Mr. Efren Tanhehco
Supervisory Health Actuary
Department of Insurance, Securities and Banking



Re: CareFirst BlueChoice, Inc. Small Group Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2021 ACA plan rate filing submitted 5/1/2020. Please note the required information below:

- a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2436
- d. **Date Submitted:** 5/1/2020
- e. **Proposed Effective Date:** 1/1/2021
- f. **Type of Product:** HMO – On Exchange
- g. **Individual or Group:** Small Group
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by CFBC.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-131941447).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of CFBC ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2021 is 1.1%.
- l. **Contact Information:**
 - a. Name: Gregory Sucher, FSA, MAAA
 - b. Telephone Number: 410-998-5988
 - c. Email: Gregory.Sucher@Carefirst.com
 - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/1/2020.

Sincerely,

Gregory
Sucher

Digitally signed by
Gregory Sucher
Date: 2020.05.01 11:26:12
-04'00'

Gregory Sucher, FSA, MAAA
Actuary

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v5.1																		
2	<div style="float: right; font-size: small;"> To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F. </div>																		
3	Company Legal Name:	BlueChoice, Inc.															State:	DC	
4	HIOS Issuer ID:	86052															Market:	Small Group	
5	Effective Date of Rate Change(s):	1/1/2021																	
6																			
7																			
8	Market Level Calculations (Same for all Plans)																		
9																			
10																			
11	Section I: Experience Period Data																		
12	Experience Period:	1/1/2019			to	12/31/2019													
13					Total	PMPM													
14	Allowed Claims				\$211,641,810.14				\$456.65										
15	Reinsurance				\$0.00				\$0.00										
16	Incurred Claims in Experience Period				\$181,311,295.13				\$391.21										
17	Risk Adjustment				-\$11,808,017.75				-\$25.48										
18	Experience Period Premium				\$234,897,001.60				\$506.82										
19	Experience Period Member Months				463,468														
20																			
21	Section II: Projections																		
22																			
23	Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend				Year 2 Trend				Trended EHB Allowed Claims PMPM								
24			Cost	Utilization		Cost	Utilization												
25	Inpatient Hospital	\$72.54	1.090	0.997	1.090	0.997	\$85.67												
26	Outpatient Hospital	\$75.14	1.080	0.997	1.080	0.997	\$87.12												
27	Professional	\$142.51	1.010	1.067	1.010	1.067	\$165.51												
28	Other Medical	\$25.38	1.030	0.997	1.030	0.997	\$26.76												
29	Capitation	\$0.78	1.000	1.000	1.000	1.000	\$0.78												
30	Prescription Drug	\$93.13	1.010	0.997	1.010	0.997	\$94.43												
31	Total	\$409.48					\$460.27												
32	Morbidity Adjustment					0.993													
33	Demographic Shift					1.010													
34	Plan Design Changes					0.999													
35	Other					1.001													
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2021				\$461.62													
37																			
38	Manual EHB Allowed Claims PMPM					\$460.93													
39	Applied Credibility %					0.00%													
40																			
41																			
42																			
43																			
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51																			

Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 1	1.0000

DC BlueChoice

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	BlueChoice Inc.
SERFF tracking number	CFAP-132316088
Submission Date	5/1/2020
Product Name	BlueChoice

Market Type: Individual Small Group
Rate Filing Type: Rate Increase New Filing

Scope and Range of the Increase:

The % increase is requested because:

The main drivers of the 2021 rate increase are a) deterioration in the base period experience of the combined pool, b) removal of the Health Insurer Fee and c) increase in the contribution to reserve.

This filing will impact:

of policyholder's # of covered lives

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

In 2019, a total of \$214.0 million in premium was collected and \$167.0 million in claims were paid out, along with \$7.3 million paid in risk adjustment, for a loss ratio of 81.4%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$234.9 million in premium and paid out \$181.3 million in claims and paid \$11.8 million in risk adjustment for a loss ratio of 82.2%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool to a projected 77.7%.

Components of Increase

The request is made up of the following components:

Trend Increases –	6.0 % of the	1.1 % total filed increase
1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.		
This component is	2.1 % of the	1.1 % total filed increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.		
This component is	3.8 % of the	1.1 % total filed increase.

Other Increases –	(4.6) % of the	1.1 % total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.		
This component is	0.0 % of the	1.1 % total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.		
This component is	0.66 % of the	1.1 % total filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.		
This component is	-2.4 % of the	1.1 % total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.		
This component is	1.0 % of the	1.1 % total filed increase.
5. Other – Defined as: The pricing trend decreased from 7.0% in 2020 to 6.0% in 2021.		
This component is	(3.9) % of the	1.1 % total filed increase.